

2024-25

# ANNUAL REPORT



East Grampians  
Health Service



LEADERS IN RURAL HEALTH CARE

## OUR VISION

To be leaders in rural health care.

## OUR MISSION

East Grampians Health Service will improve our community's health and quality of life through strong partnerships and by responding to changing needs.

## CHILD SAFETY

We will ensure that all children and young people who attend our services, programs and events feel safe, empowered to participate in their care and are heard if they raise concerns about their safety and well-being.

We have policies and systems in place to protect children and young people, and all allegations of abuse and safety concerns are treated seriously.

Our child safe environment values safety, diversity and inclusion for all children and young people.

In acknowledgment of their vulnerabilities, we particularly support participation and empowerment of those children and young people with a disability, who identify as Aboriginal or Torres Strait Islander, from culturally and linguistically diverse backgrounds and those who identify with the LGBTIQ+ community.

## OUR VALUE STATEMENTS



### INTEGRITY

We value integrity, honesty and respect in all relationships



### EXCELLENCE

We value excellence as the appropriate standard for all services and practices



### COMMUNITY

We respect the dignity and rights of our community and acknowledge their beliefs, regardless of their cultural, spiritual or socioeconomic background



### WORKING TOGETHER

We value equally all people who make a contribution to EGHS to achieve shared goals



### LEARNING CULTURE

We strive to continually learn and develop through education, training, mentoring and by teaching others

## ACKNOWLEDGEMENTS

Editor: Lisa Nolen

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And thanks to the community and staff members who have contributed to this report.

## MANNER OF ESTABLISHMENT

Under the *Health Services Act 1988*, East Grampians Health Service (EGHS) was established in 1995 following the amalgamation of Ararat and District Hospital, Willaura and District Hospital and the John Pickford Geriatric Centre. EGHS has developed its reputation as a leader in the delivery of high-quality rural health care through the provision of integrated acute, residential and primary care. Its mission is to improve the health and quality of life of the community and throughout 2024-25 has worked in partnership with all stakeholders to respond to government initiatives and community expectations.

The Annual Report provides comprehensive information for our community and to our government to ensure that our Health Service meets all mandatory legislative compliance. EGHS, on a regular basis, provides information news sheets to our community with updates on service delivery, quality of health care improvements, capital developments and other important health issues.

EGHS delivers quality health care that meets the needs of the community living in Ararat, Willaura, and throughout the local government area of Ararat Rural City. The Board, in partnership with all tiers of Government, reviews community expectations through its Strategic Plan. Good governance is led by the Board and implemented by the Executive Team and staff who are committed to delivering patient centred care within economic boundaries. Working together, the Board and Executive Team continue to deliver appropriate and financially effective programs to the community.

EGHS's Annual Report will review progress towards meeting its vision and purpose given the challenges that all health services continue to face during the COVID-19 pandemic through the reporting period. Following our Annual General Meeting the Annual Report will be available on our website [www.eghs.net.au](http://www.eghs.net.au).

## THE CATCHMENT AREA

Ararat Rural City has seen a slight increase of 676 people, to a population of 11,922 since the 2016 and the latest 2021 census. The highest age distribution is between the 50 – 69 age group and the smallest being 80 years +. Males make up 53.5% of the population and females 46.5%. 24% of the population are aged 65+ years, 60.1% are aged 15 – 64 years with the remainder aged 0 – 14 years. This information assists the Health Service in planning for future service delivery.

## TRADITIONAL OWNERS

EGHS acknowledges the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia, Jupagalk and Eastern Maar peoples as the Traditional Custodians of these lands.

We acknowledge that their holistic approach to health; harmony between body, mind, spirit and environment, has been practiced on these lands for thousands of years. We thank past and present Elders for this knowledge to help improve health and wellbeing for all Australians.



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# CORPORATE GOVERNANCE

## Relevant Ministers and Officers for the reporting period 1 July 2024 – 30 June 2025

**Minister for Health  
Minister for Ambulance Services**  
The Hon Mary-Anne Thomas MP  
1 Jul 2024 to 30 Jun 2025

**Minister for Health Infrastructure**  
The Hon Mary-Anne Thomas MP  
1 Jul 2024 to 19 Dec 2024  
  
The Hon Melissa Horne  
19 Dec 2024 to 30 Jun 2025

**Minister for Mental Health  
Minister for Ageing**  
The Hon Ingrid Stitt MP  
1 Jul 2024 to 30 Jun 2025

**Minister for Disability  
Minister for Children**  
The Hon Lizzie Blandthorn  
1 Jul 2024 to 30 Jun 2025

## Board Director Professional Development 2024-25

Board Directors are encouraged to attend at least one professional development session each year.

**Victorian Auditor-General's Office**  
Kym Peter

**Audit Committee Forum**  
Kym Peter

**The 'Statutory Duty of Candour'  
module - Safer Care Victoria**  
Kym Peter

**Session 1 - Health Service Board  
Directors Induction – DOH**  
Kym Peter

**Integrity for public Board Directors  
event – VPSC**  
Kym Peter

**Health Service Board Directors  
Induction Session 2 – DOH**  
Lisa Davidson

**VHA Evidence Based Body Mind  
Heart Practices for Enhanced  
Leadership, Psychological Safety  
and Wellbeing**  
Kym Peter

**Safer Care Victoria Health Innovator  
Program**  
Kym Peter

**Navigating Climate Risk, Stakeholder  
Engagement and Financial Innovation**  
Megan Shea

**Financial literacy training with DOF EGHS**  
Debbie Rybicki  
Emma Leehane  
Lisa Davidson  
Cameron Evans  
Kym Peter  
Megan Shea

**Diversity on Boards - Building an Inclusive  
Board Culture**  
Debbie Rybicki

**Building an Inclusive Board Culture**  
Cameron Evans

## THE BOARD

Directors of the Board of EGHS are appointed by the Governor-in Council on the advice of the Minister for Health. This is usually for a period of three years, with the option of applying for reappointment. The powers and functions of the Board are regulated by the Health Services Act 1988 and the By-Laws made in accordance with the Act. Directors of the Board receive remuneration in accordance with the State Government Appointment and Remuneration Guidelines.

Board directors' responsibilities include the governance of the Health Service, development of the strategic plan and its implementation, overseeing financial and service performance, responding and adapting to challenges affecting the Health Service, ensuring all regulatory and government policies and standards are met.

EGHS's Board comprises motivated members who have demonstrated they have the necessary skills to undertake the responsibilities required to govern a public health service including a commitment to and understanding of corporate and clinical governance, strategic planning and business acumen.

## COMMITTEES

- Building for the Future Foundation
- Clinical Consultative
- Clinical Governance
- Community Consultative
- Finance, Audit, Risk & Capital Development
- Governance Committee

# OUR BOARD

(as at 30 June 2025)

**Chief Executive:** Nick Bush

**Bankers:** Commonwealth Bank of Australia

**Solicitors:** Health Legal

**Auditors:** RSD Audit

**Internal Auditors:** HLB Mann Judd



## CHAIR

**Ken Weldin** *BAcc (Hons Econ), CA, MBA, FGIA, FCG, Professor (Practice)*

Fellow of Governance Committee of Australia, Member national Legislation Review Committee, Chair of its Victorian State Council joint head of Audit and Assurance PKF

Appointed: 01.07.21

Term of Appointment: 01.07.24 – 30.06.27

**Committee Membership**

Governance

Grampians Board Chairs Network



## VICE CHAIR

**Cameron Evans** *MBA*

Principal – AMA Fleet & AMA ICT | ICT & Cybersecurity Strategy Advisor | Board Director | Governance & Risk Leadership

Appointed: 01.07.21

Term of Appointment: 01.07.24 – 30.06.27

**Committee Membership**

Building for the Future Foundation

Clinical Consultative

Governance



## TREASURER

**Kym Peter** *RN, RM, CCRN, PICNC, BCom(Eco), MHSc, MEd, MCLN, GradDipHlthEco, GradDipAdvNSe, DipFP, DipDem*

Senior nurse and midwifery management in Grampians and Barwon Regions

Appointed: 03.12.19

Term of Appointment: 01.07.24 – 30.06.27

**Committee Membership**

Governance

Finance, Audit, Risk & Capital Development



## BOARD DIRECTOR

**Sybil Abbott-Burmeister** *BA*

Business owner and operator

Appointed: 01.07.19

Term of Appointment: 01.07.22 – 30.06.25

**Committee Membership**

Finance, Audit, Risk & Capital Development

Building for the Future Foundation



## BOARD DIRECTOR

**Debbie Rybicki** *BAppSc(Physio), GDipJourn, Graduate of the AICD Company Directors Course*  
Journalist

Appointed: 01.07.23

Term of Appointment: 01.07.23 – 30.06.26

**Committee Membership**

Clinical Governance



## BOARD DIRECTOR

**Kim White** *BN, MBA, Grad Cert Leadership & Catholic Culture*

Nursing and quality leadership in private and public health in regional, rural and metropolitan Victorian

Appointed: 01.07.21

Term of Appointment: 01.07.23 – 30.06.26

**Committee Membership**

Clinical Governance



## BOARD DIRECTOR

**Cameron Montgomery** *MBA, Grad Cert Occupational Hazard Management*

Extensive experience in Corporate Governance, Risk, OHS Wellbeing

Appointed: 01.07.22

Term of Appointment: 01.07.24 – 30.06.26

**Committee Membership**

Clinical Governance



## BOARD DIRECTOR

**Megan Shea** *BEd (Physical Education/ Science) (Hons) MAITSL, Country Diocesan Leadership Program*

Secondary school teacher and business owner

Appointed: 01.07.23

Term of Appointment: 01.07.23 – 30.06.26

**Committee Membership**

Community Consultative



## BOARD DIRECTOR

**Lisa Davidson** *BA(Psych), GDipLaw(Wkpl&EmpLaw), MAHRI*

Human Resources Consultant

Appointed: 01.07.23

Term of Appointment: 01.07.23 – 30.06.25

**Committee Membership**

Community Consultative



## BOARD DIRECTOR

**Emma Leehane** *BTeach, GCert ComSvc*

Senior Partner, Organisational Development at Central Highlands Water

Appointed: 01.07.24

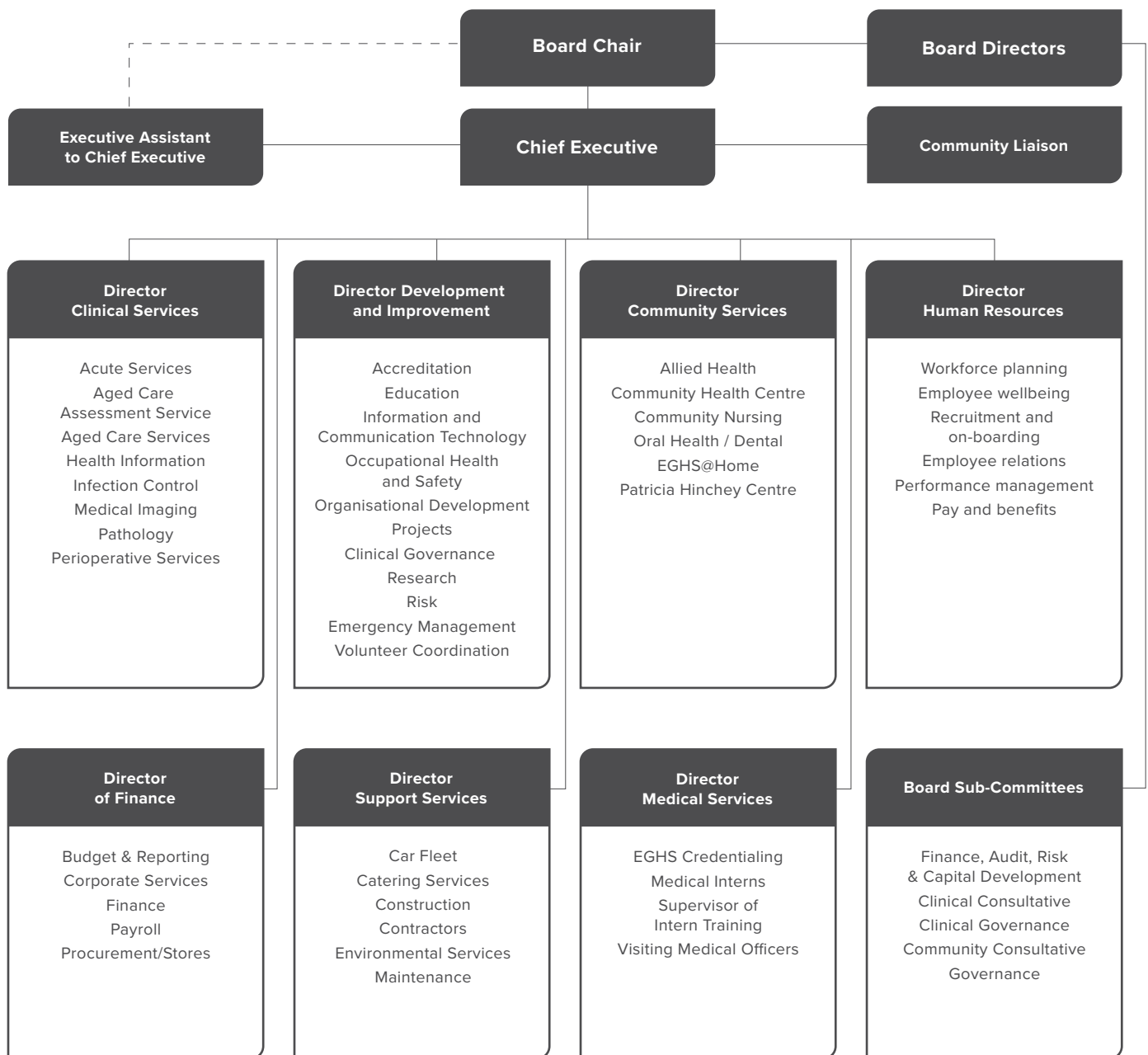
Term of Appointment: 01.07.24 – 30.06.27

**Committee Membership**

Clinical Governance

# MANAGEMENT STRUCTURE

## ORGANISATIONAL STRUCTURE



# EXECUTIVE TEAM

(as at 30 June 2025)

Members of the Executive Team, under the guidance of the Chief Executive, have important roles that go beyond their day-to-day responsibilities. They are leaders and motivators and through their actions espouse the Values of the Health Service. They seek new partnerships to enhance service delivery with health services, educational facilities or funding opportunities. They challenge and inspire staff and ensure that all employees working within a safe environment are appropriately qualified and have equipment and resources to deliver quality health care.



**CHIEF EXECUTIVE: Nick Bush** *MHA, Dip HSc(Nsg), Grad Cert Crit Care, Grad Dip HSc(Admin), GAICD*

**Appointed: 2022**

The Chief Executive is responsible for leading an effective workforce that delivers appropriate health care within the parameters of government policy, financial responsibility and demographic sensitivity. The Chief Executive works with the community to explore ways in which EGHS continues to deliver services and programs to the diverse communities of rural Western Victoria. The Chief Executive also has line management for Business Support including Compliments and Concerns, Human Resources and Community Liaison.



**DIRECTOR OF MEDICAL SERVICES: Dr Bruce Sanderson**

*MBBS, FRACGP, Dip OBS RACOG, FRACRRM, MHA, FRACMA*

**Appointed: 2025**

The Director of Medical Services (DMS) has a medical leadership role within the Health Service with responsibility for credentialing and privileging of all Medical Officers and define their scope of practice. The Director is also responsible for aspects of the Health Services Medicolegal work. The Director liaises closely with colleagues from other Grampians Region health services to ensure that clinical practice throughout the region reflects current best practice in rural health care. The DMS contributes to the quality service provision and clinical governance. Medical workforce planning and implementation along with junior doctors training also falls under this directorate.



**DIRECTOR DEVELOPMENT & IMPROVEMENT: Jaclyn Bishop**

*BPharm (Hons), Grad Cert Mgt, MPH, PhD*

**Appointed: 2024**

The Director Development & Improvement has responsibility to integrate risk management and clinical governance across the organisation to support safe and high-quality care. The Director also oversees research, information technology, education, Occupational Health and Safety (OHS) and Emergency Management. The Director is also responsible for creating an environment that is culturally safe for First Nations people. The Director works closely with staff to enhance their knowledge of quality, risk processes, and systems.



**DIRECTOR OF FINANCE: Tony Roberts**

*BCom, Grad Dip ICAA*

**Appointed: 2015**

The Director of Finance provides strategic financial advice and manages the Health Service's finances within agreed parameters. He has financial and operational responsibility for Budget and Finance, General Accounting, Payroll, Inpatient and Sundry Billing, Reception and Supply. The Director of Finance supports the development of finance management skills and expertise with departmental heads.



**DIRECTOR SUPPORT SERVICES: Stuart Kerr**

*PIHHC, Dip Bus*

**Appointed: 2007**

The Director Support Services is responsible for Catering, Café Pyrenees/Functions, Environmental/Cleaning and Linen Services, Fire & Emergency/Security, Maintenance (including Preventative Maintenance Programs, Building Maintenance, Project works and Compliance Reporting), Management of Contractors Agreements and Fleet Management.



**DIRECTOR OF COMMUNITY SERVICES: Sarah Woodburn**

*B AppSc (Pod), Grad Dip HSci (Ex.Rehab), Grad Cert Mgmt, MBA*

**Appointed: 2021**

The Director of Community Services is responsible for the services provided through the Community Health Centre, EGHS@Home, Community Nursing and Patricia Hinchey Centre. In addition to on-site services, many of the Community Services are offered as outreach services to Willaura; the Bush Nursing Centres in Lake Bolac and Elmhurst; Budja Budja Aboriginal Co-operative in Halls Gap; and the correctional facilities in the immediate region. EGHS@Home, Community Nursing and some allied health services provide home based care to consumers throughout the Ararat Rural City catchment and the Palliative Care team's services extend throughout the Northern Grampians and Pyrenees Shires.



**DIRECTOR OF CLINICAL SERVICES: Peter Armstrong**

*RN, RPN, BNsg, GradDipPsychNsg, MBA, Child Safety Officer, Cert IV T&A*

**Appointed: 2013**

The Director of Clinical Services is responsible for the management of the Acute Inpatient Unit, Midwifery, Urgent Care Centre, Oncology Services, Perioperative Services, which includes Day Procedure, Preadmission and Dialysis, Medical Imaging, Health Information, Aged Care, Willaura Health Care, Pathology Services, and Infection Control.



**DIRECTOR OF MEDICAL SERVICES: Dr Kaushik Banerjee**

**Resigned: May 2025**

# SENIOR STAFF

(as at 30 June 2025)

## EXECUTIVE SERVICES

**Chief Executive** (Freedom of Information Principal Officer)  
Nick Bush *MHA, Grad Dip H Science (Admin) Grad Cert  
Crit Care, Dip of H Sc (Nursing), GAICD*

**Executive Assistant to Chief Executive**  
(Customer Feedback Officer)  
Jo Summers *AdDipMgmt*

**Human Resources Manager**  
Ros Bloomfield *Cert IV in Employment Services*

**Community Liaison Officer**  
Jodie Holwell

## DEVELOPMENT AND IMPROVEMENT

**Director**  
Jaclyn Bishop *BPharm(Hons), Grad Cert Mgt, MPH, PhD*

**Manager Development & Improvement**  
Jane Miller *RN, BN, Grad Dip Nurs (Periop),  
Cert Infection Control and Sterilisation*

**Manager Training & Development**  
Claire Sladdin *MHA, RN, Grad Dip HSci (Cardiac Care),  
Cert IV in Workplace Training and Assessment*

**Information Technology Consultant**  
Christopher Milloy *DipIT*

## COMMUNITY SERVICES

**Director**  
Sarah Woodburn *B AppSc (Pod), Grad Dip HSci (Ex.  
Rehab), Grad Cert Mgmt, MBA, Grad Cert in Health Service  
Management (Safety and Quality)*

**Manager Community Nursing - including District  
Nursing and Palliative Care**  
Gaylene Peoples *RN*

**Manager Patricia Hinchey Centre**  
Grace Rethus *Diploma Diversional Therapy, Cert III  
Community Svcs, Cert IV Health & Recreation*

**Manager Allied Health**  
Christine Perry *BAppSc (Physio), Grad Cert in Mgmt*

**Manager EGHS@Home**  
Janelle Smith

**Business Manager Community Services**  
Amanda Kumnick

## FINANCIAL SERVICES

**Director**  
Tony Roberts *BCom, Grad Dip ICAA*

**Finance Manager**  
Brooke Currie *BCom*

## SUPPORT SERVICES

**Director**  
Stuart Kerr *PIHHC, DipBus*

**Manager Support Services**  
Ann Grierson *AdDipMgmt*

**Catering / Environmental Service Team Leader**  
Tacey O'Brien *Diploma Leadership and Management*

**Maintenance Team Leader**  
Bart James *Cert III in Mechanical Engineering, Diploma of  
Leadership and Management/Dip Competitive  
Systems & Processes*

**Compliance Co-ordinator**  
Dayle Smith *Cert IV in Workplace Training and Assessment*

## CLINICAL SERVICES

**Director**  
Peter Armstrong *RN, RPN, BNsg, GradDipPsychNsg,  
MBA (Child Safety Officer)*

**Deputy Director of Clinical Services**  
Rebecca Peters *BN, RIPRN, GradCertHAdmin,  
MLead&MgmtHealthCare*

**Chief Medical Imaging Officer**  
Sabrina Lewicki *BRadMedImag(Hons)*

**Manager Urgent Care Centre**  
Christine Briody *RN, Critical Care Certificate*

**Manager Midwifery**  
Carol Leo *RN, RM*

**Manager Acute Services and Oncology**  
Kate Pitcher *RN, BN, Graduate Certificate in Advanced  
Practice Nursing (Rural and Remote), Cert IV Training and  
Assessment*

**Manager Perioperative Services**  
Kirsten Carr *RN(DipAppSciNsg), PostGradCertPeriOpNsg,  
AdDipMgmt*

**Manager Health Information Services**  
Andrea Cardinaels *BAppSc (MRA)*

**Manager 70 Lowe Street**  
Christine Jordan *RN, RPN*

**Manager Garden View Court**  
Natalie Wohlers *RN*

**Manager Willaura Healthcare**  
Elizabeth Atkinson *RN*

**Pharmacist**  
Olga Purdie *BPharm(Hons)(Russia), PostGradCertClin  
Pharm(UK), MSHP, MPS*

**Infection Control Co-ordinator**  
Leeanne Atkinson *BNsg RN, GradCertNephrology,  
GradCert Infection Control*

# MEDICAL STAFF

(as at 30 June 2025)

## DIRECTOR OF MEDICAL SERVICES

**Dr Bruce Sanderson**

*MBBS, FRACGP, Dip OBS RACOG, FRACRRM, MHA, FRACMA*

### DIRECTOR OF ANAESTHETICS

Dr Neil Provis-Vincent *MBBS, BMedSci(Hons), FACRRM, JCCA*

### CARDIOLOGIST

Dr Rodney Reddy *MB ChB, FRACP*

### EAR, NOSE & THROAT SURGEON

Mr Niall McConchie *MBBS, FRACS*

### GASTROENTEROLOGIST

Dr Andrius Kalade *MBBS, FRACP*

### GENERAL SURGEONS

Dr Michael Condous *MBBS, FRACS*

Dr Thomas Fisher  
*MBBS (Melb), FRACS*

Mr Abrar Maqbool *MBBS, FRACS*

Mr Ahmed Naqeeb *MBBS, FRACS*

Dr Kontoku Shimokawa  
*MBBS, FRACS*

Dr David Low *MBBS, FRACS*

Dr Sujith Krishnamoorthy  
*MBBS, FRACS, BMed Sci*

Dr Mathew Jacob *MBBS, FRACS*

### GERIATRICIAN

Dr Ruth Teh *MBBS, FRACP*

Dr Mark Yates *MBBS, FRACP*

### GYNAECOLOGISTS

Dr Michael Carter *MBBS, FRANZCOG*

Dr Katrina Guerin *MBBS, DRANZCOG*

Dr Annie Tan  
*MBBS, FRANZCOG, BMedSci*

Dr Patrick Moloney  
*MBBS, FRANZCOG*

Dr Katherine Stewart  
*MBBS, FRANZCOG*

Dr Madeleine Ward  
*MBBS, FRANZCOG*

Dr Jessica Wade *BSc(Hons), BMedSci, MBBS*

Dr Chantelle Stubna *MBBS, FRANZCOG*

Dr Simone Allen *BMedSci, MD, FRANZCOG*

### MEDICAL OFFICERS

Dr Alan Reid *MBBS, FRACGP, Dip RANZCOG (Adv)*

Dr Amal Kadugodage – *MBBS, Dip RGA (ANZCA) Cert EM (ACEM) ACRRM registrar*

Dr Chris Polchleb *BAppSc BSc Hons, MBBS, FRACGP, FARGP, DRANZCOG (Advanced)*

Dr Megan Helper *FACRRM, FRACGP (2018), DRANZCOG (Advanced)*

Dr Michelle Chee *BMedSci(Hon), MBBS, FRACGP, Professional Certificate of Dermoscopy, RANZCOG, Diploma in Obstetrics*

Dr Winnie Yum *BMedSci, MBBS, FACCRM, DRANZCOG (Advanced)*

### NEPHROLOGY

Dr Iqbal Hussain  
*MBBS, FRACP, MRCP (UK)*

Elaine Sanders *NP*

### DIRECTOR OF OBSTETRICS

Mr Michael Bardsley *MBBS, DRANZCOG, FRACGP, FRANZCOG*

### ONCOLOGIST & HAEMATOLOGIST

Dr Craig Carden *MBBS, FRACP*

Dr Pohan Lukito *MBBS, FRACP*

### OPHTHALMIC SURGEONS

Dr David Francis *MBBS, FRANZCO*

Dr Trent Roydhouse  
*MBBS, FRANZCO*

Dr Michael Toohey  
*MBBS, FRANZCO*

Dr Shaun Parsons *MBBS, FRANZCO*

### ORTHOPAEDIC SURGEON

Mr Scott Mason *MBBS, FRACS*

### PAIN SPECIALIST

Dr Suran Dahnapala *MBBS, FANZC*

Dr Kiran Tippur *MBBS, FANZCA*

### PALLIATIVE CARE

Dr Penny Cotton *MBBS, FACHPM*

### UROLOGIST

Ms Lydia Johns Putra *MBBS, FRACS*

### RADIOLOGISTS

Dr Damien Cleeve *MBBS, FRANZCR*

Dr John Eng *MBBS, FRANZCR*

Dr Robert Jarvis *MBBS, FRANZCR*

Dr Sarah Skinner *MBBS FRANZCR*

Dr Jill Wilkie *MBBS RCR*

Dr Julius Tamangani  
*MBChB (Hons), MSc, FRCR*

Dr Dan Arhanghelschi  
*MBBS, FRANZCR*

Dr Sam Digby *MBBS, FRANZCR*

### VISITING DENTAL STAFF

Dr Charles Reid *BDSc (Liverpool)*

Dr Jenny Sampson *BDSc*

Dr Hanzhi (Tom) Lu - *DDS*

Dr Steven Ling *DDS*

### VISITING MEDICAL STAFF

Dr Michael Connellan *MBBS, DRANZCOG, FRACGP, FACRRM*

Dr Pieter Pretorius *MBChB (Pretoria), M.Med (Family Medicine), FRACGP*

Dr Chee Sheng Wong *MBBS, DRANZCOG (Advanced), FRACGP*

Dr Prasad Fonseka *MBBS (Sri Lanka) MD (Anaesthesiology), FRACGP*

Dr Upendra Shrestha  
*MBBS, MPH, MSW*

Dr Faraz Ahmad *MBBS FRACGP*

Dr Sivaluxman Sivananthavel *MBBS*

Dr Farhana Akter *MBBS*

Dr Daniel Thambiraj *MBBS, Dip EM(ACEM) (GP Registrar)*

Dr Erum Nizamani  
*MBBS (GP Registrar)*

Dr Leon Ong *ACRRM trainee/ registrar with advanced skills in anaesthesia*

Dr Nishama Daluwatu Mulla Gamage  
*MBBS (Sri Lanka) (GP Registrar)*

Dr Eddie Chen *MD (GP Registrar)*

# NATURE AND RANGE OF SERVICES

EGHS delivers a comprehensive range of programs and services to the Ararat and Willaura communities accessed through in-patient, residential, home and community-based services throughout the Local Government Area of Ararat Rural City. The median age within the catchment area is eight years older than the national average. While general growth is slow, the number of older people in the community is expected to continue to increase while the younger community will decrease.

## CLINICAL SERVICES

- Oncology
- Infection Control
- Medical and Surgical Inpatient Unit
- Obstetrics including Midwifery, Domiciliary Midwifery
- Palliative Care
- Pharmacy
- Urgent Care

## PERIOPERATIVE SERVICES

- Central Sterilising Unit
- Day Procedure Unit
- Haemodialysis
- Operating Suites
- Surgical Preadmission Unit

## AGED CARE

- 70 Lowe Street
- Garden View Court
- Willaura Health Care
  - Willaura Day Centre
  - Willaura Aged Care

## MEDICAL IMAGING

- General X-Ray
- Image Intensifier
- Multi-Slice CT Scanner
- OPG (Panoramic Dental X-ray)
- Ultrasound (including 3D/4D obstetrics, vascular, musculo-skeletal, interventional)
- Bone Density (Dexa) scanner

## EXECUTIVE SERVICES

- Business Support
- Community Liaison
- Customer Feedback
- Human Resources and Payroll

## COMMUNITY SERVICES

- Aqua Therapy
- Ark Toy and Activity Library
- Breast Health
- Cardiac Rehabilitation
- Chronic Disease Management
- Community Nursing (District Nursing, Palliative Care, Hospital Admission Risk, Hospital in the Home, Post Acute Care)
- Dental services including outreach to schools and kindergartens
- Diabetes Education
- Dietetics
- EGHS@Home (Healthy@Home Telehealth, Home Care Packages, Home Support Services, Carers Support)
- Exercise Physiology
- Health Promotion
- Occupational Therapy
- Patricia Hinchey Centre – social support groups
- Physiotherapy
- Podiatry
- Postnatal Pilates
- Pulmonary Rehabilitation
- Social Work
- Speech Pathology

## DEVELOPMENT & IMPROVEMENT

- Clinical and non-clinical staff education and training
- Diploma of Nursing
- Graduate Nurse Program
- Information & Communication Technology
- Occupational Health & Safety
- Organisational Development
- Quality Improvement
- Risk Management
- Clinical Governance
- Research
- Volunteers
- Emergency Management

## PYRENEES HOUSE EDUCATION CENTRE

- Diploma of Nursing
- Education and Training
- Function Centre
- Graduate Nurse Program
- Undergraduate/Postgraduate Clinical Education

## FINANCE SERVICES

- Budget & Finance
- Corporate Services
- General Accounting
- Patient Billing
- Payroll
- Procurement/Stores
- Reception

## SUPPORT SERVICES

- Accommodation
  - locums, staff & students
- Building Projects
- Catering (Patient/Resident meals, Internal/external functions and Café Pyrenees/Meals on Wheels/Delivered Meals)
- Environmental (Cleaning/Linen/Waste)
- Function Centre
- Fire & Emergency
- Maintenance (Preventative Maintenance /Contracts & Agreements /Fleet Vehicles)
- Security

## MEDICAL SERVICES

- Credentialing & Scope of Practice
- UCC
- IPU
- General Medicine
- General Surgery
  - Anaesthesia
  - Ear Nose & Throat
  - Gynaecology & Obstetrics
  - Ophthalmology
  - Orthopaedics
  - Urology
  - Dental
- Hospital Medical Officers
- Medical Interns
- Paediatrics Outpatients
- Staff Specialists
- Visiting Medical Officers

Please refer to the site directory and map on the back cover for addresses and contact details.

# STATEMENT OF PRIORITIES

## 2024-25

### PART A: STRATEGIC PRIORITIES

In 2024-25 EGHS contributed to the achievement of the Victorian Government's commitments through the following Strategic Priorities, which should be read in conjunction with the Chair and Chief Executive report (page 26)

#### EXCELLENCE IN CLINICAL GOVERNANCE

##### GOAL

*Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.*

##### HEALTH SERVICE DELIVERABLES

*Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.*

##### OUTCOMES

We are committed to equitable access to planned surgery and are embracing high-throughput approaches, drawing on the Planned Surgery Reform Blueprint and SCV's best-practice recommendations.

To further strengthen paediatric patient outcomes, EGHS has introduced the "ViCTOR track and trigger" observation chart and escalation system across acute care, the Urgent Care Centre (UCC), and theatre. This initiative assists staff with early recognition and management of clinical risk and patient deterioration. Steering committees champion this program, while routine audits check compliance and with escalation protocols.

- EGHS is committed to enhancing access to timely emergency care by implementing system-wide patient flow strategies and ensuring an appropriate skill mix, with senior decision-makers positioned effectively to manage patient volumes and health service demands.
- Nursing and administrative staff numbers have risen to meet higher demand in UCC and theatre, resulting in better patient flow through the UCC.
- Six Registered Nurses completed postgraduate emergency care training in 2024.
- Daytime UCC shifts are covered by regular doctors, with locums filling in gaps. Permanent recruitment is ongoing.
- Minor refurbishment is planned to expand the UCC working area, enhancing space for confidential triage and improving department access. Consultation has taken place, and work will begin once permits are secured.

# STATEMENT OF PRIORITIES

2024-25

## EXCELLENCE IN CLINICAL GOVERNANCE

### GOAL

*Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.*

### HEALTH SERVICE DELIVERABLES

*Adopt models of care that ensure the appropriate skill mix, and senior decision makers in the right places to manage the volume of patients and health service demands.*

*Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.*

### OUTCOMES

EGHS supports the early discharge of patients to appropriate care settings, ensuring timely access to healthcare services and contributing to positive outcomes in the community.

- Daily multidisciplinary discharge meetings occur.
- The recent restructuring of Nurse Unit Managers in acute care is already delivering enhanced support for timely and effective discharge planning.
- We are exploring an electronic patient journey board which will further streamline and support discharge.
- Expanding access to Hospital in the Home (HITH) services offers a promising opportunity to further reduce hospital representations and support patient wellbeing.

## EXCELLENCE IN CLINICAL GOVERNANCE

### GOAL

*Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.*

### HEALTH SERVICE DELIVERABLES

*Implement and scale high throughput approaches to planned surgery in line with Safer Care Victoria's Targeted high throughput approaches to theatre list management recommendations.*

*Implement and deliver strategic initiatives that foster collaboration, improve timeliness of care and progress the blueprint reforms.*

### OUTCOMES

We are implementing and delivering strategic initiatives designed to foster collaboration, enhance the timeliness of care, and drive forward blueprint reforms.

- In response to new funding parameters for 2024-25, theatre services will focus on prioritising Ararat and District residents, further strengthening local self-sufficiency and supporting positive health outcomes in the community.
- We are working to access Ballarat's surgical waiting list, opening the door for Ararat residents to undergo operations locally when safe. This initiative supports EGHS's growing self-sufficiency and reflects a promising new measure of health service performance.

The establishment of a Perioperative Planning and Review committee marks an exciting step forward. SCV's targeted high-throughput approaches have been proposed and discussed during these meetings, with the committee set to oversee the successful implementation, activity, and efficiencies of these interventions. Ongoing monitoring of throughput and activity will ensure we continue to make improvements in regional wait times.

- EGHS is seeking information from Grampians Health (GH) about local individuals on GH waitlists. This collaborative approach aims to better identify opportunities for delivering care closer to home, supporting positive patient outcomes whenever possible.
- Both theatres are running successfully from Monday to Friday, consistently achieving National Weighted Activity Unit (NWAU) targets.

# STATEMENT OF PRIORITIES

2024-25

## OPERATE WITHIN A BUDGET

### GOAL

*Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.*

### HEALTH SERVICE DELIVERABLES

*Deliver on the key initiatives as outlined in the Budget Action Plan.*

*Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.*

### OUTCOMES

EGHS, in collaboration with the Department of Health (DoH), has developed and submitted a health service Budget Action Plan (BAP) to ensure ongoing health service safety and strong financial sustainability. The BAP's primary goal is to effectively manage agency costs, supporting the delivery of high-quality, efficient health services.

A continual review of the investment strategy is underway to maintain alignment with strategic goals. As a result of these measures, there has been a positive reduction in usage for dental and radiology services, while increases have been observed in medical and nursing staffing for midwifery.

## IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING

### GOAL

*Address service access issues and equity of health outcomes for priority communities, including LGBTIQA+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.*

### HEALTH SERVICE DELIVERABLES

*Implement programs addressing barriers for rural and regional cohorts receiving care remotely, closer to, or in their homes.*

### OUTCOMES

EGHS offers community-based chronic disease management programs, available both individually and virtually, ensuring flexible access to care. These valuable services extend to Willaura, Lake Bolac and Elmhurst, further supporting wellbeing across our communities.

The Exercise Physiology/Physiotherapy team delivers up to 30 group classes each week across the LGA. These sessions, including those held at the local fitness centre, empower individuals to take charge of their own care and promote a healthier, more active community.

The Your Care Path (YCP) chronic conditions program, launched in 2024, has brought positive momentum to EGHS's initiatives across the Wimmera Grampians Region. The program is achieving its targets.

EGHS is currently participating in a YCP evaluation through Aspex Consulting.

EGHS is proactively planning and extending the Better at Home initiatives, the expanded Healthy@Home partnership continues to operate:

- Progress is being made to further enhance and expand our HITH program.
- Additional care coordinators have been successfully recruited.
- There has been a welcome increase in consumer engagement.
- Feedback received from consumers and medical officers is very positive.
- Formal agreements have been established with Bush Nursing Centres, ensuring the delivery of subcontracted HITH services whenever needed.
- Expansion modelling for care coordination coverage is now underway.

EGHS is proactively planning and extending the In-home Aged Care Program. There will be a significant increase in compliance burden for HCP and CHSP from November 2025. EGHS provides up to 70 packages and has approximately 800 CHSP participants utilising Community Nursing, Allied Health, EGHS@Home and Patricia Hinchey Centre services. The Grampians Health joint tender for single assessment services was successful.

Looking ahead, EGHS is focused on broadening its care planning for EGHS@Home and enhancing communication of care plans across community services teams. The organisation has secured transitional funding for IT system upgrades to meet upcoming reporting, financial, and regulatory requirements, and has applied for additional thin market support funding to further strengthen its capacity.

EGHS fosters a network of partnerships that support Healthy@Home and community based chronic disease management. EGHS has multiple other partnership mechanisms in place to address care improvements that intersect with primary and community care. These include, but are not limited to, partnerships with the Elmhurst and Lake Bolac Bush Nursing Centres, Budja Budja Aboriginal Co-operative (Ararat and Halls Gap), Ararat Medical Centre, Ararat Service Provider meeting, Increasing Reproductive Choices Forum (for development of women's sexual and reproductive health services at EGHS), HITH Regional COP, CAPPP Liaison meeting and mental health hub related meetings. EGHS partners with WWHS, EWHS, RNH, GH Stawell and Edenhope in the Your Care Path – Regional Care Partnerships – Chronic Conditions.

# STATEMENT OF PRIORITIES

2024-25

## IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING

### GOAL

*Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.*

### HEALTH SERVICE DELIVERABLES

*Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.*

### OUTCOMES

We are implementing programs to address barriers faced by priority communities, including LGBTIQ+ individuals, multicultural groups, people with disabilities, and rural and regional populations to access high-quality care, whether remotely, closer to home, or within their homes.

- EGHS delivers community service programs through the Lake Bolac and Elmhurst Bush Nursing Centres, as well as at Willaura Healthcare, to enhance access for rural consumers. Services such as Community Nursing, EGHS@ Home, Allied Health, Carers Support, and Palliative Care are offered to consumers in their homes.
- Innovative telehealth programs like TEACH and Healthy@Home are making it easier than ever for individuals to conveniently access quality healthcare from the comfort of their own homes.
- EGHS is partnering with bush nursing centres to subcontract HITH services, ensuring that even more community members can benefit from quality care close to home.
- The establishment of the Women's Sexual and Reproductive Health Hub is a positive step forward, empowering rural women with improved access to contraception, pregnancy termination services, and treatment for sexually transmitted diseases.

We continue to build on our cultural safety for First Nations people including a new approach to cultural safety training for staff. This included:

- Four 'Cultural Awareness' modules available within the Grampians Learning Hub
- Face-to-face Cultural Safety Training with Victorian Aboriginal Community Controlled Health Organisation (VACCHO). This was undertaken in May with eighteen Executives and Managers attending.
- We ensure cross-cultural awareness training is delivered to our Board Directors and our workforce.
- We completed the Lowitja Institute Cultural Safety Audit tool as a way of identifying our cultural safety strengths and areas for improvement.
- We updated our Acknowledgement of Country from a generic statement to one that specifically references the names of local First Nations groups.
- We developed our inaugural First Nations Employment Plan.
- We seek First Nations input to address racism, prioritise and promote cultural safety, transfer power and resources to communities through:
  - Aboriginal Health Liaison Officers (AHLOs) participating on our committees and educating staff on First Nations perspectives.
  - asking about First Nations status when interacting with our health service.
  - celebrating First Nations days and events.
  - supporting intersecting identities needing additional support to achieve equality
  - eliminating disparities between First Nations and other patients through initiatives such as the AHLO service.
  - ensuring First Nations patients and families have access to culturally appropriate feedback and complaints processes.
  - integrating family violence response and prevention strategies.
  - strengthening discharge plans for every First Nations person.

## A STRONGER WORKFORCE

### GOAL

*Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.*

### HEALTH SERVICE DELIVERABLES

*Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.*

*Support the pilot and/or implementation of new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.*

### OUTCOMES

The 2023-2026 EGHS Workforce Development Plan was thoughtfully crafted to further enhance the EGHS workforce strategy, ensuring it aligns with evolving service delivery across the organisation. Implementation of the Plan is well underway, with encouraging progress updates set to be shared in the biannual Board reports. A presentation highlighting these positive developments was delivered to the Board at the February meeting.

EGHS is refining processes around multidisciplinary team meetings including the reporting of shared care arrangements.

- Joint consultations occur between community health disciplines e.g. Diabetes Education, Dietetics and Exercise Physiology, pre-operative appointments with Physiotherapy and Occupational Therapy.
- We are enthusiastically exploring additional opportunities to build capability through advanced and extended scope of practice, fostering growth and excellence across our workforce.
- Three Allied Health clinicians successfully completed leadership training which included a multidisciplinary team project.
- We are excited to explore the expansion of UNITI across all community services, enhancing care planning between teams and optimising the use of OPAL for internal referrals.

EGHS has proactively implemented measures to ensure timely reviews and significantly reduce waitlists, delivering more efficient and responsive care to the community.

- Diabetes Educators assess diabetic feet to help triage patients for footcare assistants or refer those needing high-risk or specialized podiatry services.
- We are delighted to have Allied Health Assistants joining the Women's Sexual and Reproductive Health Hub, where they provide valuable support to GPOs and Women's Health Physiotherapy, further enhancing the quality of care we deliver.
- The launch of the Mouthguard Program for school-aged children has been a success, not only protecting young smiles but also offering valuable opportunities for dental team members and students to further develop their skills.

We maintain community ties and strong EGHS representation in regional activities and committees, while actively identifying and embracing new opportunities for growth and collaboration.

- our involvement in the Residential In-reach Program with our HSP
- the Chronic Obstructive Pulmonary Disease (COPD) Project with Safer Care Victoria (SCV)
- the Nurse Practitioners at Willaura and Ararat are making a significant difference in the care we provide.

# STATEMENT OF PRIORITIES

2024-25

## A STRONGER WORKFORCE

### GOAL

*Explore new and contemporary models of care and practice, including future roles and capabilities.*

### HEALTH SERVICE DELIVERABLES

*Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.*

*Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.*

### OUTCOMES

We are advancing an integrated aged care service model that embraces the positive recommendations from the Royal Commission into Aged Care, including:

- Introducing changes to the funding model, Serious Incident Reporting, Code of Conduct and Star Ratings.
- We are refining processes for data reporting to the Commonwealth.
- Implementing newly mandated care minutes and ensuring 24/7 Registered Nurse (RN) coverage in aged care settings.
- Garden View Court Hostel is making steady progress toward reaching the required registered nurse staffing levels, with staffing numbers continuing to improve.
- Willaura aged care licences have been integrated to meet the required care minutes and comply with service quality standards.
- Monthly updates are being submitted to the Commonwealth, highlighting outcomes across all aged care areas. Achieving RN 24/7 nursing coverage opens up the prospect of significant additional funding, further supporting our commitment to outstanding care.
- We are making progress in providing information and education about the new Australian Aged Care Act and upcoming standards, ensuring we are well-prepared for their implementation.
- Regular updates will be provided to the Board detailing our actions in response to the new Australian Aged Care Act.

With a commitment to enriching the employee experience and fostering a supportive environment for both staff and consumers, the EGHS Aged Care Staff Wellbeing Program was launched across all our aged care facilities in July 2024. Co-created with valuable input from staff and consumers, this uplifting initiative empowers our team through two key streams: Peer Support and 'Compassionate Conversations'.

Trained Peer Supporters from each facility offer support, nurturing a team culture rooted in compassion and encouragement. The 'Compassionate Conversations' wellbeing debriefing sessions, led by a dedicated external psychologist, create uplifting spaces for staff to reflect on their experiences collectively. The program is funded by Western Alliance and the Melbourne Ageing Research Collaboration (MARC).

Recognising the value of collaboration, the EGHS Executive has embraced the Victorian Health Service Partnership approach by identifying the national, state-wide, regional and local committees in which we actively participate. Our continued involvement in these meetings is considered highly beneficial. To further strengthen our contribution and ensure efficient engagement, one designated EGHS representative will attend each meeting, allowing us to maximise our collective impact and minimise duplication.

EGHS is advancing its research strategy guided by the inaugural Research Plan 2024-2027. A key achievement against this plan is the creation of an early career researcher position that is jointly funded with Deakin Rural Health. This allows for a research career pathway within the organisation. Research projects across diverse topics such as staff wellbeing, modified sport, evidence-based practice, obstetrics, heart failure, research placements, health literacy and research capacity building continue to attract new staff and offer opportunities for existing staff.

It is well established that access to childcare is a factor in not only recruitment of healthcare staff to rural areas, but also their ability to work to their full capacity. To address this problem, we set up a flexible family day care service for our staff. Using a property on the health service grounds and in collaboration with a family day care provider, the service opened in September 2024. The service has increased staff capacity to work by providing flexible childcare and strengthened us as an employer of choice not only in healthcare, but within the region.

## MOVING FROM COMPETITION TO COLLABORATION

### GOAL

*Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system.*

### HEALTH SERVICE DELIVERABLES

*Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.*

### OUTCOMES

EGHS collaborates with other relevant Primary Health Networks (PHN) and community health providers to develop integrated service models, enabling earlier and more effective care to patients and ensuring patients are supported following hospital discharge.

- Your Care Path program, funded and supported by Western Victoria Primary Health Network, provides integrated service models for consumers with chronic disease.
- EGHS continues to seek out opportunities with PHN to expand and enhance programs to improve health and wellbeing services for the community.
- EGHS has been funded for a Women's Sexual and Reproductive Health Hub and will work in partnership with other service providers in the region including community health, health service and Women's Health Grampians.
- EGHS continues to advocate for a headspace in Ararat, working collaboratively with local council, One Red Tree Resource Centre Inc., training providers and various community organisations to enhance youth mental health services in the region.

# STATEMENT OF PRIORITIES

2024-25

## MOVING FROM COMPETITION TO COLLABORATION

### GOAL

*Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.*

### HEALTH SERVICE DELIVERABLES

*Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.*

*Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.*

### OUTCOMES

EGHS utilises integrated planning and service design with a focus on consistent clinical governance in collaboration with partners to coordinate care pathways and support sector cooperation. Through joint clinical service plans we can synchronise health service delivery at a regional level moving beyond individual services towards a more unified approach. Formal role delineation processes are established with our partner health services for medical, maternity, and surgical services, ensure that care is well coordinated. We regularly review and refine care pathways involving multiple providers so that services continually improve and gaps are addressed promptly.

Our entity service plan, recently finalised with the Department of Health (DoH) highlights exciting opportunities for the upgrade of Willaura, while maintaining vital bed numbers for the community. A staged approach to upgrade works and redevelopment will enable alignment with Regional Health Infrastructure Fund (RHIF) funding opportunities. Additionally, a forward-looking regional clinical service plan for the Grampians region is proposed as part of our collaborative Health Network.

The entity service plan supports ongoing provision of 20 beds, including six post-acute, two palliative care, and two aged care beds—each designed with an ensuite—replacing the previous configuration of 8 acute beds. POP Architects has created a concept plan that reflects these upgrades. East Grampians has progressed funding proposals for stage one for five new beds valued at \$3,425,000.

We are reviewing our specialist workforce needs at both regional and sub-regional levels and are developing a collaborative workforce model. This forward-thinking approach features well-coordinated initiatives to attract and retain skilled professionals across these areas.

Recognising the growing demand for Orthopaedics, ENT and Urology services within our community, we are pleased to have secured additional operating theatre capacity. Our current efforts are focused on welcoming new visiting surgeons in these specialties, ensuring our community has access to high-quality, comprehensive care.

EGHS is advancing its digital health strategy, embracing a collaborative approach to telehealth for specialist services, virtual rounds and e-health solutions, all in alignment with the goals and objectives of the Grampians Rural Health Alliance (GRHA);

- Grampians Region Health Alliance was allocated \$35 million over four years to put an electronic medical record into Grampians Health.
- \$6.6 million has been allocated for EGHS to join the Grampians Health implementation.
- The rollout of an electronic Human Resources program will streamline recruitment and payroll processes at Grampians Health before being extended across the region. This solution is set to enhance efficiency and support our commitment to excellence in workforce management.

## PART B: PERFORMANCE PRIORITIES

### High quality and safe care

| KEY PERFORMANCE MEASURE                                                                                                                                  | TARGET                                            | OUTCOME |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------|
| INFECTION PREVENTION AND CONTROL                                                                                                                         |                                                   |         |
| Percentage of healthcare workers immunised for influenza                                                                                                 | 94%                                               | 100%    |
| ADVERSE EVENTS                                                                                                                                           |                                                   |         |
| Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event | All RCA reports submitted within 30 business days | 100%    |
| AGED CARE                                                                                                                                                |                                                   |         |
| Public sector residential aged care services overall star rating                                                                                         | Minimum rating of 3 stars                         | 100%    |
| PATIENT EXPERIENCE                                                                                                                                       |                                                   |         |
| Percentage of patients who reported positive experiences of their hospital stay                                                                          | 95%                                               | 97.8%   |
| ABORIGINAL HEALTH                                                                                                                                        |                                                   |         |
| The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients                              | 0%                                                | N/A     |

# STATEMENT OF PRIORITIES

2024-25

## PART B: PERFORMANCE PRIORITIES

### Strong governance, leadership and culture

| KEY PERFORMANCE MEASURE                                                                                         | TARGET | OUTCOME |
|-----------------------------------------------------------------------------------------------------------------|--------|---------|
| ORGANISATIONAL CULTURE                                                                                          |        |         |
| People matter survey – Percentage of staff with an overall positive response to safety culture survey questions | 80%    | 76%     |

### Timely access to care

| KEY PERFORMANCE MEASURE                           | TARGET                                         | OUTCOME |
|---------------------------------------------------|------------------------------------------------|---------|
| HOME BASED CARE                                   |                                                |         |
| Percentage of admitted bed days delivered at home | Equal to or better than prior year result (1%) | 5%      |

### Effective financial management

| KEY PERFORMANCE MEASURE                                                                                                | TARGET                                                    | OUTCOME |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------|
| FINANCE                                                                                                                |                                                           |         |
| Operating result (\$m)                                                                                                 | \$0.00                                                    | 0.129   |
| Adjusted current asset ratio                                                                                           | 0.7 or 3% improvement from health service base target     | 0.94%   |
| Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June | 5% movement in forecast revenue and expenditure forecasts | 0.5%    |

## PART C: ACTIVITY AND FUNDING

### Activity and Funding

| FUNDING TYPE                                                             | ACTIVITY  |               |
|--------------------------------------------------------------------------|-----------|---------------|
| CONSOLIDATED ACTIVITY FUNDING                                            |           |               |
| Acute admitted, subacute admitted, emergency services, non-admitted NWAU | 5328.2356 | NWAU          |
| ACUTE ADMITTED                                                           |           |               |
| National Bowel Cancer Screening Program NWAU                             | 13.3853   | NWAU          |
| Acute admitted DVA                                                       | 6.79      | NWAU          |
| ACUTE NON-ADMITTED                                                       |           |               |
| Home Enteral Nutrition                                                   | 1.5       | NWAU          |
| AGED CARE                                                                |           |               |
| Residential Aged Care                                                    | 27,697    | Bed Days      |
| HACC                                                                     | 9,560     | Visits        |
| PRIMARY HEALTH                                                           |           |               |
| Community Health / Primary Care Programs                                 | 8,756     | Service Hours |

# SOCIAL PROCUREMENT REPORTING

## SOCIAL PROCUREMENT ACTIVITIES AND COMMITMENTS

| REPORTING PERIOD                                                                                                | 2024-25                       |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------|
| REPORTING ENTITY                                                                                                | East Grampians Health Service |
| Overall social procurement activities                                                                           | 2024-25                       |
| Number of social benefit suppliers engaged during the reporting period:                                         | 1                             |
| Total amount spent with social benefit suppliers (direct spend) during the reporting period (\$ GST exclusive): | \$112,386                     |

Total number of contracts that include social procurement commitments:

## 2024-25 SPF REPORTING

**NB:** Departments and agencies only need to report on objectives / outcomes where they have both achievements and meaningful data.

| SPF OBJECTIVE                                | OUTCOME                                                                            | METRIC                                                                                                                      | UNIT OF MEASURE    | 2024-25 (ACTUAL) |
|----------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|
| Opportunities for Victorians with disability | Employment of Victorians with disability by suppliers to the Victorian Government  | Total number of Victorians with disability employed by Victorian Government suppliers on Victorian Government contracts     | Number             | 1                |
|                                              | Purchasing from Victorian social enterprises and Australian Disability Enterprises | Total spend with Victorian social enterprises led by a mission for people with disability and BuyAbility Social Enterprises | \$ (GST exclusive) | \$112,386        |

# FINANCIAL SUMMARY

Demand on services grew again for East Grampians Health Service in 2025.

Key areas for increased activity were theatre and community-based programs plus increased Urgent Care presentations.

Throughout the year, our Health Service was supported by the Department of Health (DH) to ensuring it met its obligations to the community and staff members.

As a result of this, EGHS recorded an operating surplus of \$129k.

Our Health Service continued with its program of capital replacement and renewal this year with \$3.16M of additions. This was made up of items of plant and equipment and building re-development. These purchases were funded by the DoH and generous donations from the community.

East Grampians Health Service will work with the DH to ensure that our future operating budgets are adequate, so our community continues to receive quality care.

## Parent Entity Comparative Financial Results for the Past Five Financial Years

| FOR THE PAST FIVE FINANCIAL YEARS   | 2025<br>\$000  | 2024<br>\$000  | 2023<br>\$000 | 2022<br>\$000  | 2021<br>\$000 |
|-------------------------------------|----------------|----------------|---------------|----------------|---------------|
| Operating Result                    | 129            | 228            | 229           | 12             | 451           |
| Total Revenue                       | 76,370         | 70,424         | 65,482        | 54,828         | 54,418        |
| Total Expenses                      | 79,145         | 71,451         | 66,273        | 56,763         | 52,214        |
| <b>Net Result from Transactions</b> | <b>(2,775)</b> | <b>(1,027)</b> | <b>(791)</b>  | <b>(1,935)</b> | <b>2,206</b>  |
| Total other Economic Flows          | (229)          | (1,295)        | 20            | 1,448          | 1,751         |
| <b>Net Result</b>                   | <b>(3,004)</b> | <b>(2,322)</b> | <b>(770)</b>  | <b>(487)</b>   | <b>3,957</b>  |
| Total Assets                        | 90,018         | 90,818         | 79,565        | 77,476         | 70,473        |
| Total Liabilities                   | 26,119         | 23,915         | 20,575        | 17,716         | 15,263        |
| <b>Net Assets / Total Equity</b>    | <b>63,899</b>  | <b>66,903</b>  | <b>58,990</b> | <b>59,760</b>  | <b>55,209</b> |

## Reconciliation between the Net result from transactions reported in the Operating Result as agreed in the Statement of Priorities

|                                                                                                                        | 2025<br>\$000 |
|------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Net Operating Result</b>                                                                                            | <b>129</b>    |
| Capital purpose income                                                                                                 | 1,606         |
| Specific income                                                                                                        | 0             |
| COVID 19 State Supply Arrangements<br>- Assets received free of charge or for nil consideration under the State Supply | 4             |
| State supply items consumed up to 30 June 2022                                                                         | -4            |
| Assets provided free of charge                                                                                         | N/A           |
| Assets received free of charge                                                                                         | 64            |
| Expenditure for capital purpose                                                                                        | -664          |
| Depreciation and amortisation                                                                                          | -4,692        |
| Impairment of non-financial assets                                                                                     | N/A           |
| Finance costs (other)                                                                                                  | -4            |
| <b>Net result from transactions</b>                                                                                    | <b>-2,775</b> |

## DECLARATION IN REPORT OF OPERATIONS

Responsible Bodies Declaration as at 30 June 2025.

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for EGHS for the year ending 30 June 2025.



**Cam Evans**  
Board Director  
East Grampians Health Service  
23 September 2025

# CHAIR AND CHIEF EXECUTIVE REPORT

**Throughout the 2024-25 financial year, we have implemented numerous initiatives and projects. We remain committed to providing high quality health services to our community.**



In September, we were honoured to host Minister for Health Mary-Anne Thomas at our health service. Together with Board Directors and senior executives, the Minister enthusiastically connected with our EGHS community services' team, who proudly highlighted the outstanding work being done to support consumers at home, enabling many to thrive independently and reduce the need for hospital or residential care.

The Minister also toured our vibrant new short notice family daycare facility and took part in inspiring conversations about the Board's vision to redevelop Willaura Health Care. The visit was a celebration of our team's commitment to advancing community health and wellbeing.

We were delighted to welcome Premier Jacinta Allan and Member for Ripon Martha Haylett for the much-anticipated official opening of the Ararat Women's Sexual and Reproductive Health Hub. Operated by EGHS within the Community Health Centre, the Hub is a shining example of how accessible, free or low-cost, confidential care can strengthen community wellbeing. Premier Allan celebrated the achievement, highlighting the Hub's essential role in bridging service gaps and empowering women in regional Victoria to access the high-quality care they deserve, right in their own community.



**EGHS is an employment pathway for the community which has resulted in over 600 staff, the highest number in our health service's history**

EGHS continues to offer a variety of exciting employment and professional development pathways, with a special focus on supporting Deakin University medical students and nursing students.

We remain dedicated to fostering a workforce that reflects the diversity of our community and providing meaningful opportunities.

We are optimistic of the future for our health service at Willaura, with exciting redevelopment plans on the horizon. The health service is confident and energised by the opportunity to gain Regional Health Infrastructure funding to secure vital support for this transformative project.

## INTEGRITY

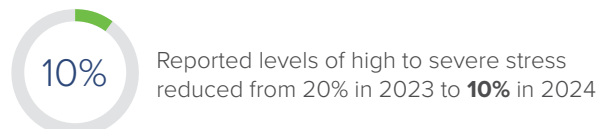
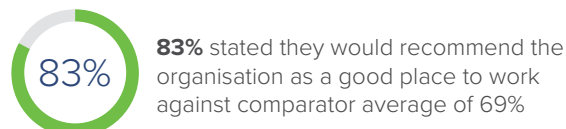
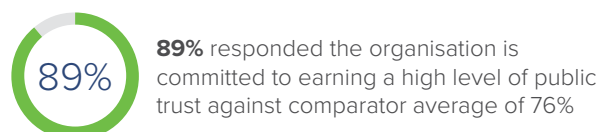
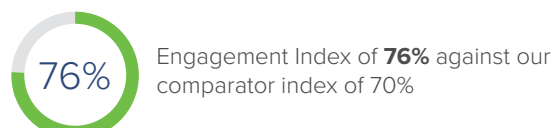
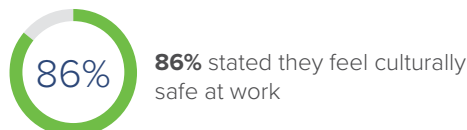
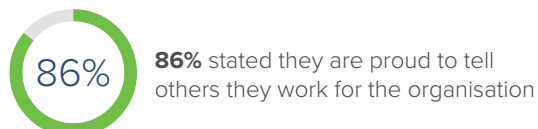
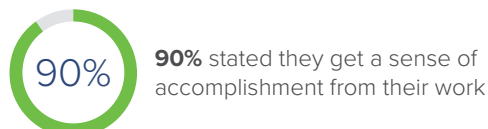
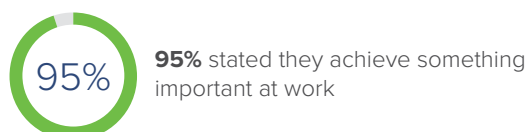
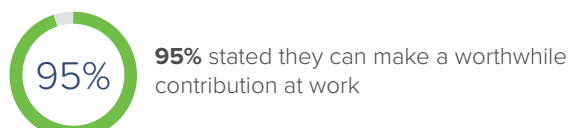
### WE VALUE INTEGRITY, HONESTY AND RESPECT IN ALL RELATIONSHIPS.

We continue with our commitment to the Diversity & Inclusion Framework and to cultivating a vibrant and welcoming environment where every individual's unique background and perspective are celebrated. By encouraging open, constructive conversations about diversity and inclusion, we strive to remove barriers, challenge stigma, and update processes to reflect best practice. Our Framework offers clear guidance for nurturing a supportive, safe, and empowering workplace that honours every aspect of identity—culture, gender, ethnicity, language, and beliefs.

We prioritise equal opportunity, recognition, and the professional growth of our team, sharing our successes with the EGHS Board and embracing Victorian Government diversity initiatives. This includes promoting gender balance, recognising and respecting First Nations peoples, and strongly encouraging a culture of lifelong learning with regard to cultural understanding. Together, we are building not just a stronger workplace, but a truly inclusive and inspiring community.

## PEOPLE MATTERS SURVEY RESULTS

We were pleased to receive the 2024 People Matter Survey results from the Victorian Public Sector Commission, which showed many positive outcomes at EGHS. Studies consistently show that engaged and satisfied staff lead to better outcomes for patients, and we are fortunate to see this reflected in our care. What truly sets us apart from comparable health services is the leadership of our senior team, who provide a clear vision and direction. Staff are proud to be part of an organisation that motivates everyone to give their best.



# CHAIR AND CHIEF EXECUTIVE REPORT

## EXCELLENCE

### WE VALUE EXCELLENCE AS THE APPROPRIATE STANDARD FOR ALL SERVICES AND PRACTICES.



Thank you to generous support from the Department of Health, EGHS launched its electronic cancer medicine management system (ECMMS), significantly enhancing both the safety and efficiency of oncology care.

Seamlessly integrated with the organisation's patient management system (iPM), this advancement has brought about smoother administrative processes and elevated safeguards for patient identification and procedure matching. The project team is to be congratulated for achieving all project objectives within the set timelines.

We consistently uphold the Healthy Choices policy directive for Victorian public health services, demonstrating our commitment to fostering a supportive and health-focused environment for everyone at EGHS.

By offering healthier food and drink options, we actively promote the wellbeing of our staff and visitors, setting an example for our community.

This year, the dedicated team at Café Pyrenees embraced the opportunity to review and enhance the menu, ensuring it aligns with the policy directive. This achievement earned the health service recognition by the Victorian Department of Health.



Looking ahead, the outlook for our health service is promising. Exciting plans are underway to develop a state-of-the-art practical laboratory, designed to provide invaluable hands-on training for Deakin University medical students, Federation TAFE Diploma of Nursing students and staff. This innovative facility will offer a dynamic environment to simulate essential health scenarios for Deakin University medical students allowing us to offer the course at Ararat and ensuring our future healthcare professionals are equipped with the skills and confidence to excel. The new laboratory represents a significant step forward in our commitment to excellence and continuous growth.

## Nutrition and quality food standards for adults in Victorian public hospitals and residential aged care services

A new Strengthened Quality Standard 6 Food and Nutrition has been added that focuses on working with older people to find out what they like to eat and drink. Also looks at serving a choice of meals and drinks that make a huge difference to people receiving care's quality of life.

This Standard recognises that in many cultures, food and dining play a large role in feelings of inclusion and belonging.

EGHS has started to Implement this standard through the Comprehensive care committee by creating a working party of key personal to align with the Australian Dietary Guidelines and strengthen EGHS food related policies.

The key personnel include:

- Chefs
- Support Service manager
- Dietitians
- Catering/Environmental coordinator
- Food manufacturers
- Clinical Governance Coordinator
- Director Support Services
- Compliance Coordinator
- Speech Pathologist

To support implementing these Standards into health services the Department of Health and Aged Care and the Aged Care Quality and Safety Commission (Commission) appointed Plena Healthcare as the program management supplier for the national Menu & Mealtime Review Program.

We were advised by the Commission in April 2025 that EGHS was successful in obtaining a review for all three of our aged care facilities GVC, 70 Lowe Street and Parkland house. This review will be conducted by an independent Accredited Practising Dietitian that holds both clinical nutrition knowledge and experience across the health services food service systems.

### HEALTHY CHOICES POLICY DIRECTIVE

The Healthy Choice guidelines directive for Victorian public health services, targets and timelines were met by EGHS in 2023. We saw these guidelines implement a Healthy Choice policy SOPP 66.04 that supported changes to our function menu and Café Pyrenees selections.

We continue to support these guidelines by providing and promoting healthier choice foods with the focus on traffic light Green classified foods while eliminating classified red choices. In our café we offer staff free fruit, only bottled water in our fridges and readily available free filtered water throughout the hospital. We no longer deep fry foods and use lean meats for healthier dishes.

We source local and Victorian grown and produced food where possible to support our local economies.



# CHAIR AND CHIEF EXECUTIVE REPORT

## COMMUNITY FOCUS

### **WE RESPECT THE DIGNITY AND RIGHTS OF OUR COMMUNITY AND ACKNOWLEDGE THEIR BELIEFS, REGARDLESS OF THEIR CULTURAL, SPIRITUAL OR SOCIOECONOMIC BACKGROUND.**

During the Yarram Gap fire, EGHS demonstrated exceptional preparedness and teamwork by safely evacuating 12 residents and patients from Willaura to Ararat on Christmas night.

Thanks to well-established emergency plans and seamless coordination with the support of the Department of Health, everyone was relocated swiftly and smoothly with comfort and reassurance at every step. Residents received attentive care in Ararat and were welcomed back to Willaura once the danger had passed. EGHS staff were widely applauded for their calm, compassionate, and highly effective management of the situation, reflecting the service's ongoing commitment to safety and wellbeing.



EGHS proudly continues to support the Smiles 4 Miles initiative by Dental Health Services Victoria, which champions oral health and healthy eating habits among young children and their families, particularly in communities where it is needed most. This positive initiative, delivered primarily in preschools and guided by internationally recognised best practices, empowers children and families to embrace lifelong healthy habits.

#### **In 2024-25:**

- **14** local early childhood services were registered in the program
- **780** children and their families benefited from oral health resources, education, and activities
- **8 of the 14 services received awards** for completing all requirements of the program

EGHS Health Promotion works to organise the Ararat group as part of the Heart Foundation Walking program, a free nation-wide initiative that empowers people to take control of their health. By joining the Ararat group, participants not only improve their physical wellbeing, but also find motivation and a supportive community.

With 22 dedicated walkers registered and more than 30 group walks already completed, the program has demonstrated tangible results in fostering healthier lifestyles and stronger social connections.



## WORKING TOGETHER

### WE VALUE EQUALLY ALL PEOPLE WHO MAKE A CONTRIBUTION TO EGHS TO ACHIEVE SHARED GOALS.

We are committed to supporting the health and wellbeing of our staff. To facilitate this, we operate weekly free Staff fitness sessions run by Physiotherapists and Exercise Physiologists, featuring activities that change with the seasons and are open to everyone. The sessions aim to improve health, reduce chronic disease risk, and foster a supportive, positive and social environment for all staff.

**362 attendances** were recorded at the weekly sessions held during 2024-25.

The collaboration with Let's Go Family Day Care represents an exciting step forward for EGHS, as the newly opened facility offers a wonderful addition to existing childcare options. Ideally located near the health service, it empowers staff with flexible, short-term and emergency childcare, making it easier for them to balance work and family commitments. This initiative stands as a testament to EGHS's dedication to nurturing a truly supportive, family-friendly workplace that benefits both employees and the broader community.

EGHS is building its in-home care through programs including Home Support, Healthy@Home and Carer Support for clients under the Commonwealth Home Support Program (CHSP); Home and Community Care Program for Younger People (HACC PYP), Home Care Packages (HCP) and Post Acute Care (PAC).



EGHS@Home delivered **8,367 occasions** of service in the current financial year:

| Category                 | Clients | No. of Services delivered YTD |
|--------------------------|---------|-------------------------------|
| CHSP Delivered Meals     | 46      | 1822                          |
| CHSP Domestic Assistance | 220     | 2254                          |
| CHSP Flexible Respite    | 1       | 11                            |
| CHSP Personal Care       | 21      | 841                           |
| CHSP Social Support      | 33      | 346                           |
| CHSP Home Maintenance    | 18      | 18                            |
| CHSP Home Modifications  | 24      | 26                            |
| HACC PYP Services        | 26      | 267                           |
| HACC PYP Delivered Meals | 2       | 24                            |
| PAC – Home Support       | 36      | 135                           |
| HCP – external provider  | 16      | 477                           |
| HCP - EGHS               | 56      | 1650                          |
| HCP Transport            | 20      | 193                           |
| Hospital Transport       | 10      | 303                           |

Chronic and preventable conditions within Ararat Rural City

| Disease        | Ararat Rural City Prevalence (%) | Victorian Prevalence (%) |
|----------------|----------------------------------|--------------------------|
| Arthritis      | 12.1                             | 8.0                      |
| Cancer         | 3.7                              | 2.8                      |
| Diabetes       | 5.6                              | 4.7                      |
| Heart Disease  | 5.3                              | 3.7                      |
| Lung Condition | 2.7                              | 1.5                      |
| Mental Health  | 10.9                             | 8.8                      |

# CHAIR AND CHIEF EXECUTIVE REPORT

## LEARNING CULTURE

**WE STRIVE TO CONTINUALLY LEARN AND DEVELOP THROUGH EDUCATION, TRAINING, MENTORING AND BY TEACHING OTHERS.**

EGHS proudly leads in the Grampians Rural Generalist Intern Training Program, warmly welcoming nine junior doctors to embrace the unique opportunities of rural practice through enriching rotations in hospitals and local GP clinics. This collaborative program, developed with valued partners across the region, is designed to provide hands-on training and inspire doctors to build rewarding, long-term careers in rural healthcare. With a strong decade-long tradition of supporting medical interns, EGHS is excited to expand its commitment even further by offering interns into Horsham in 2026 and a second year of rural generalist training for doctors, paving the way for a vibrant and skilled healthcare workforce in the community.

We are proud the Doctor of Medicine program is entering its second year at EGHS in collaboration with Deakin University. The program aims to train local nurses, paramedics, and allied health professionals as doctors to increase the number of healthcare professionals who remain in the region.

We are focused on developing a robust and skilled workforce to meet the needs of the community. This includes creating strategies to attract, retain, and develop staff, as well as ensuring a positive and supportive work environment. Earlier this year, Deakin University appointed Dr Eslam Ahmed as lecturer in Medical Science for Ararat's Rural Training Stream Doctor of Medicine program, bringing significant experience in teaching.

In 2025, the first cohort of 16 Doctor of Medicine students enter their second year of studies, and a new cohort of 16 first year Doctor of Medicine students, two of those EGHS staff members, commence their studies at EGHS.

EGHS's 'grow your own' initiative allows local students to train for nursing careers close to home, ensuring a steady supply of skilled healthcare professionals who live and work in the region.

In 2025, EGHS welcomed eight registered nurses and seven enrolled nurses into its 12-month Graduate Nurse Program, reflecting the ongoing commitment to professional growth and opportunity. The previous year's cohort celebrated an impressive achievement, with five Registered Nurses (RNs) and four Enrolled Nurses (ENs) successfully graduating, and all choosing to continue their careers at EGHS in 2025, a testament to the supportive and rewarding work environment fostered by the health service.



## EGHS PARTNERSHIPS

Grampians Health, Beaufort & Skipton Health Service, Central Highlands Rural Health, East Wimmera Health Service, Maryborough District Health Service, West Wimmera Health Service, Rural Northwest Health

### Central Highlands Local Health Service Partnership:

- Grampians Health, Beaufort & Skipton Health Service, Central Highlands Rural Health, East Wimmera Health Service, Maryborough District Health Service

### Grampians Rural Health Alliance:

- Grampians Health, Beaufort & Skipton Health Service, Central Highlands Rural Health, East Wimmera Health Service, West Wimmera Health Service, Rural Northwest Health

## OUR EDUCATION AND TRAINING

EGHS is committed to maintaining strong relationships with education and training partners, to ensure the highest standard of quality health care.

### Partners include:

- Ararat Medical Centre
- Beaufort Skipton Health Service
- Better Care Victoria/Safer Care Victoria
- Deakin University
- Department of Health
- East Wimmera Health Service
- Federation University Ballarat
- Grampians Health
- La Trobe University Bendigo
- Maryborough District Health Service
- St John of God Ballarat Hospital
- University of Melbourne
- University of South Australia
- Western Victoria Primary Health Network
- Western Alliance Academic Health Science Centre
- Women's Health Grampians

## 2024-25 SCHOLARSHIP RECIPIENTS

We recognise and commend staff who exemplify our organisational values by pursuing ongoing education, sharing expertise with colleagues and striving for excellence in health care delivery.

The scholarships and bursaries we provide underscore the valuable partnerships established with philanthropic individuals and organisations, which make it possible to offer meaningful educational opportunities to our staff.

### Building for the Future Foundation

- Helen Kimber - Administer and Monitor Medicines and IV Therapy
- Madison Purtill - Certificate IV in Training and Assessment
- Joanne Collins - Preparation for Rural and Remote Education Program
- Augusta Akaogu - Doctor of Medicine
- Sabrina Lewicki - Master of Business Administration

### Joe Kapp Scholarship

- Nadine Ferguson - Certificate IV in Mental Health and a Diploma of Community Services

### Epworth Healthcare Scholarship

- Sarah Power - Master of Midwifery Practice

### Angela Laidlaw Clinical Scholarship

- Rie Jay Calape - Post Graduate Certificate in Clinical Nursing – Renal

### Ord Family Scholarship

- Caitlyn Nicholson - Doctor of Dental Surgery

# CHAIR AND CHIEF EXECUTIVE REPORT

## OUR COMMUNITY PARTNERS

EGHS also works in partnership with a range of community organisations, including:

- Ararat Community Op Shop
- Ararat RSL
- Ararat Rural City
- Community Bank Willaura/Lake Bolac
- EGHS Ark Toy and Activity Library Auxiliary
- EGHS Auxiliary
- EGHS Building for the Future Foundation
- EGHS Residents' Support Group
- G J Gardner Homes Community Growth Program
- Murray to Moyne Cycle Relay team
- Ritchies Community Benefit Program
- Victoria Police Blue Ribbon Foundation Ararat Branch
- Volunteers
- Willaura Health Care Auxiliary

## MOVING FROM COMPETITION TO COLLABORATION

We acknowledge the importance of our community comprised of all tiers of Government, consumers, the Board, staff, all levels of students, other health care providers, visitors, the media and contractors. Over the years, we have shaped the delivery of health care to our community by establishing meaningful relationships with each sector and exchanging knowledge.



**Nick Bush**  
Chief Executive  
26th August 2025



**Cam Evans**  
Board Chair  
26th August 2025

## LIFE GOVERNORS

Life Governors are members of the community who have made a significant contribution to our Health Service. In return the Board is honoured to award each a Life Governor of EGHS.

### Life Governors as at 30 June 2025

|                     |                    |
|---------------------|--------------------|
| Mrs V Albert        | Mrs J Jenkinson    |
| Mr G Anderson       | Mr W Jones         |
| Mrs P Armstrong     | Mrs L King         |
| Dr G Bertuch        | Mr G Laidlaw       |
| Mrs J Burke         | Mrs J Liddle       |
| Mr P Carthew        | Mr B McCutcheon    |
| Mr R Carthew        | Mr G E Millear     |
| Mrs K Chamings      | Mrs J Millear      |
| Dr M Connellan      | Mrs A R Milvain    |
| Mrs N Dalkin        | Mrs M Murray       |
| Mr I Daly           | Mrs J Nunan        |
| Mr C de Fegely      | Mr A O'Neill       |
| Mrs R de Fegely OAM | Mrs J Paterson     |
| Mrs H Fleming       | Mrs S Philip       |
| Mrs P Ervin         | Dr M Plunkett      |
| Mr J Evans          | Dr D Pope          |
| Mr N Faneco         | Mr P Pretorius     |
| Mrs C Forster       | Mrs D Radford OAM  |
| Mr G Foster         | Mr D Reid          |
| Mr I.R. Foster      | Mrs J Richardson   |
| Mr L.G. Gason       | Mr R Roberts       |
| Mr D Haddow         | Mrs S Shannon      |
| Mrs S Handscombe    | Mr K P Shea        |
| Mrs K Harvey        | Mr N Tosch         |
| Mrs M Heard         | Mrs V Tosch        |
| Mrs W Heard         | Miss K Turner      |
| Mr D Hosking        | Mr T Weeks APM OAM |
| Mrs F Hull          | Mr E M Wilson      |

# WORKFORCE DATA

## EMPLOYMENT AND CONDUCT PRINCIPLES

EGHS continues to use contemporary recruitment practices based on fair and equitable employment principles. The Diversity Action Plan acknowledges the Health Service's organisational responsibility to remain inclusive and responsive to the health and wellbeing of the whole community whatever their background or beliefs.

## WORKFORCE DATA (as at 30 June 2025)

| HOSPITALS LABOUR CATEGORY       | JUNE CURRENT MONTH FTE |            | JUNE YTD FTE |            |
|---------------------------------|------------------------|------------|--------------|------------|
|                                 | 2025                   | 2024       | 2025         | 2024       |
| Nursing                         | 161                    | 150        | 153          | 150        |
| Administration and Clerical     | 79                     | 74         | 78           | 74         |
| Medical Support                 | 8                      | 6          | 7            | 7          |
| Hotel and Allied Services       | 112                    | 111        | 111          | 105        |
| Medical Officers                | 1                      | 1          | 1            | 1          |
| Hospital Medical Officers       | 10                     | 9          | 9            | 8          |
| Sessional Clinicians            | 2                      | 1          | 1            | 1          |
| Ancillary Staff (Allied Health) | 24                     | 21         | 22           | 19         |
| <b>TOTALS</b>                   | <b>397</b>             | <b>374</b> | <b>382</b>   | <b>365</b> |

## OCCUPATIONAL HEALTH AND SAFETY (OH&S) 2004

The *Occupational Health and Safety Act 2004* and its Schedules of 2017 guide the health service in its occupational health and safety responsibilities. Designated work groups operate with trained representatives who consult on matters relating to OH&S.

In 2024, the OH&S Committee updated its name to become the Occupational Health, Safety and Wellbeing Committee (OHS&W). This is in recognition of the importance of staff wellbeing to achieving a safe workplace. The OHS&W committee develops strategic thinking in relation to the safety and welfare of workers. These indicators include the participation of staff in training; the number of incidents and the types of incidents and how they have been managed; the numbers of days lost to injury; the cost of injury and measurement of the Health Service's performance against industry Standards. The Health Service participates in WorkCover inspections and there were no Provisional Improvement Notices issued in 2024-25.

Incidents for the year = 169 Incidents per FTE = 0.44

OHS&W is a key component of training for all new and current Board members and staff. It provides an important framework for ongoing adherence to risk management, staff safety and wellbeing throughout the organisation. During the year we have continued staff education and induction into high-risk activities and, where appropriate, competency testing on equipment being used.

## OCCUPATIONAL HEALTH AND SAFETY DATA

| Occupational Health and Safety Statistics                                    | 2024-25 | 2023-24 | 2022-23 |
|------------------------------------------------------------------------------|---------|---------|---------|
| The number of reported hazards/incidents for the year per 100 FTE            | 44.20   | 34.24   | 32.80   |
| The number of 'lost time' standard WorkCover claims for the year per 100 FTE | 0.54    | 0.36    | 0.4     |
| The average cost per WorkCover claim for the year ('000)                     | \$68    | \$59    | \$42    |

**Please note:** these figures include payments to date and an estimated outstanding claim cost. These figures will change from year to year based on the claims status at the time of reporting.

## OCCUPATIONAL VIOLENCE

| Occupational violence statistics                                                                                         | 2024-25 | 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------|---------|---------|
| Workcover accepted claims with an occupational violence cause per 100 FTE                                                | 0.00    | 0.00    |
| Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked | 0.00    | 0.00    |
| Number of occupational violence incidents reported                                                                       | 79      | 79      |
| Number of occupational violence incidents reported per 100 FTE                                                           | 20.7    | 21.6    |
| Percentage of occupational violence incidents resulting in a staff injury, illness or condition                          | 0.00    | 0.00    |

### Definitions

- Occupational violence - any incident where an employee is abused, threatened, or assaulted in
- circumstances arising out of, or in the course of their employment.
- Incident - an event or circumstance that could have resulted in, or did result in, harm to an
- employee. Incidents of all severity rating must be included. Code Grey reporting is not included,
- however, if an incident occurs during a planned or unplanned Code Grey, it must be included.
- Accepted WorkCover claims – claims accepted and lodged in 2024-2025.
- Lost time - defined as greater than one day.
- Injury, illness, or condition - includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

# ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

Environmental Sustainability is a priority of EGHS. We are committed to combatting the challenges posed by climate change. All staff, at orientation and induction, are trained on the importance EGHS places on environmental performance and sustainability.

EGHS uses an Environmental Data Management System (EDMS) to manage, collect and report on environmental data. Further, we have a three-year Environmental Management Plan (EMP) in place to continue to identify and address wasteful operational and clinical practices. The Key Strategic goals and Environmental performance initiatives have been presented to the Board and the Environmental Sustainability Committee will implement these.

## ELECTRICITY USE

| EL1 Total electricity consumption segmented by source (MWh)                         | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|-------------------------------------------------------------------------------------|------------------|------------------|------------------|
| Purchased                                                                           | 1,761.41         | 1,642.09         | 1,599.10         |
| Self-generated                                                                      | 265.51           | 279.50           | 530.41           |
| <b>EL1 Total electricity consumption [MWh]</b>                                      | <b>2,026.92</b>  | <b>1,921.59</b>  | <b>2,129.51</b>  |
| <b>EL2 On site-electricity generated [MWh] segmented by:</b>                        |                  |                  |                  |
| <b>Consumption behind-the-meter</b>                                                 |                  |                  |                  |
| Solar Electricity                                                                   | 265.51           | 279.50           | 530.41           |
| <b>Total Consumption behind-the-meter [MWh]</b>                                     | <b>265.51</b>    | <b>279.50</b>    | <b>530.41</b>    |
| <b>Exports</b>                                                                      |                  |                  |                  |
| <b>EL2 Total On site-electricity generated [MWh]</b>                                | <b>265.51</b>    | <b>279.50</b>    | <b>530.41</b>    |
| <b>EL3 On-site installed generation capacity [kW converted to MW] segmented by:</b> |                  |                  |                  |
| Diesel Generator                                                                    | 0.84             | 0.84             | 0.84             |
| Solar System                                                                        | 0.17             | 0.17             | 0.17             |
| <b>EL3 Total On-site installed generation capacity [MW]</b>                         | <b>1.01</b>      | <b>1.01</b>      | <b>1.01</b>      |
| <b>EL4 Total electricity offsets segmented by offset type [MWh]</b>                 |                  |                  |                  |
| RPP (Renewable Power Percentage in the grid)                                        | 322.40           | 308.03           | 300.63           |
| <b>EL4 Total electricity offsets [MWh]</b>                                          | <b>322.40</b>    | <b>308.03</b>    | <b>300.63</b>    |

## STATIONARY ENERGY

| F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]                     | Jul-24 to Jun-25    | Jul-23 to Jun-24    | Jul-22 to Jun-23    |
|------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|
| Natural gas                                                                                    | 7,615,742.10        | 7,997,239.30        | 7,870,530.40        |
| LPG                                                                                            | 962,668.10          | 1,070,322.70        | 1,157,291.70        |
| <b>F1 Total fuels used in buildings [MJ]</b>                                                   | <b>8,578,410.20</b> | <b>9,067,562.00</b> | <b>9,027,822.10</b> |
| F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t)) |                     |                     |                     |
| Natural gas                                                                                    | 392.44              | 412.10              | 405.57              |
| LPG                                                                                            | 58.34               | 64.86               | 70.13               |
| <b>F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))</b>                 | <b>450.78</b>       | <b>476.96</b>       | <b>475.70</b>       |

## TRANSPORTATION ENERGY

| T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ] | Jul-24 to Jun-25    | Jul-23 to Jun-24    | Jul-22 to Jun-23    |
|-------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|
| Executive fleet - Gasoline                                                                            | 341,993.50          | 410,400.10          | 444,599.90          |
| Non-executive fleet - Gasoline                                                                        | 1,094,393.40        | 648,062.50          | 889,196.30          |
| <b>Petrol</b>                                                                                         | <b>1,436,386.90</b> | <b>1,058,462.60</b> | <b>1,333,796.20</b> |
| Executive fleet - Diesel                                                                              | 231,611.80          | 231,599.90          | 385,992.30          |
| Non-executive fleet - Diesel                                                                          | 270,188.50          | 232,689.00          | 270,188.50          |
| <b>Diesel</b>                                                                                         | <b>501,800.30</b>   | <b>464,288.90</b>   | <b>656,180.80</b>   |
| <b>Total energy used in transportation (vehicle fleet) [MJ]</b>                                       | <b>1,938,187.20</b> | <b>1,522,751.50</b> | <b>1,989,977.00</b> |

# ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

## TRANSPORTATION ENERGY

| T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category                                       | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|
| <b>Road Vehicles Total</b>                                                                                                                                   | <b>52</b>        | <b>55</b>        | <b>41</b>        |
| <b>Passenger vehicles</b>                                                                                                                                    | <b>21</b>        | <b>23</b>        | <b>36</b>        |
| Internal combustion engines - Petrol                                                                                                                         | (14) 27%         | (18) 33%         | (30) 73%         |
| Internal combustion engines - Diesel / Biodiesel                                                                                                             | (7) 13%          | (5) 9%           | (6) 15%          |
| <b>Hybrid Vehicles Total</b>                                                                                                                                 | <b>21</b>        | <b>21</b>        | <b>0</b>         |
| Plug-in Hybrid Electric Vehicle (PHEV)                                                                                                                       | (0) 0%           | (0) 0            | (0) 0%           |
| Range-extended electric vehicle                                                                                                                              | (21) 40%         | (21) 38%         | (0) 0%           |
| <b>Goods Vehicles Total (i.e buses/trucks)</b>                                                                                                               | <b>10</b>        | <b>11</b>        | <b>5</b>         |
| Internal combustion engines - Petrol                                                                                                                         | (5) 10%          | (5) 9%           | (1) 2%           |
| Internal combustion engines - Diesel / Biodiesel                                                                                                             | (5) 10%          | (6) 11%          | (4) 10%          |
| <b>T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))</b>                                                     |                  |                  |                  |
| Executive fleet - Gasoline                                                                                                                                   | 23.13            | 27.75            | 30.06            |
| Non-executive fleet - Gasoline                                                                                                                               | 74.00            | 43.82            | 60.13            |
| <b>Petrol</b>                                                                                                                                                | <b>97.13</b>     | <b>71.57</b>     | <b>90.19</b>     |
| Executive fleet - Diesel                                                                                                                                     | 16.31            | 16.31            | 27.18            |
| Non-executive fleet - Diesel                                                                                                                                 | 19.02            | 16.38            | 19.02            |
| <b>Diesel</b>                                                                                                                                                | <b>35.33</b>     | <b>32.69</b>     | <b>46.20</b>     |
| <b>Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))</b>                                                                         | <b>132.46</b>    | <b>104.26</b>    | <b>136.39</b>    |
| <b>T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)</b> |                  |                  |                  |
| Total distance travelled by commercial air travel                                                                                                            | -                | -                | -                |
| <b>T(opt1) Total vehicle travel associated with entity operations [1,000 km]</b>                                                                             |                  |                  |                  |
| Total vehicle travel associated with entity operations [1,000 km]                                                                                            | 641              | 489              | 526              |
| <b>T(opt2) Greenhouse gas emissions from vehicle fleet (CO2-e(t) per 1,000 km)</b>                                                                           |                  |                  |                  |
| CO2-e(t) per 1,000 km                                                                                                                                        | 0.21             | 0.21             | 0.26             |

## TOTAL ENERGY USE

| E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]     | Jul-24 to Jun-25     | Jul-23 to Jun-24     | Jul-22 to Jun-23     |
|-----------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Total energy usage from stationary fuels (F1) [MJ]                                                  | 8,578,410.20         | 9,067,562.00         | 9,027,822.10         |
| Total energy usage from transport (T1) [MJ]                                                         | 1,938,187.20         | 1,522,751.50         | 1,989,977.00         |
| <b>Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]</b> | <b>10,516,597.40</b> | <b>10,590,313.50</b> | <b>11,017,799.10</b> |
| E2 Total energy usage from electricity [MJ]                                                         |                      |                      |                      |
| Total energy usage from electricity [MJ]                                                            | 7,296,921.31         | 6,917,711.65         | 7,666,242.91         |
| E3 Total energy usage segmented by renewable and non-renewable sources [MJ]                         |                      |                      |                      |
| Renewable                                                                                           | 2,116,491.13         | 2,115,113.72         | 2,991,760.09         |
| Non-renewable (E1 + E2 - E3 Renewable)                                                              | 15,697,027.58        | 15,392,911.43        | 15,692,281.91        |
| E4 Units of Stationary Energy used normalised                                                       |                      |                      |                      |
| Energy per unit of Aged Care OBD [MJ/Aged Care OBD]                                                 | 567.00               | 556.32               | 589.75               |
| Energy per unit of LOS [MJ/LOS]                                                                     | 1,277.18             | 1,215.52             | 1,455.33             |
| Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]                                             | 392.67               | 381.65               | 419.68               |
| Energy per unit of Separations [MJ/Separations]                                                     | 2,305.12             | 2,340.45             | 2,637.29             |
| Energy per unit of floor space [MJ/m2]                                                              | 1,022.63             | 1,029.71             | 1,075.37             |

## SUSTAINABLE BUILDINGS AND INFRASTRUCTURE

### B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings

Buildings are designed to capture natural light and to limit the use of power. Solar panels are installed to supplement the use of powered equipment. Light timers in store rooms, LED lighting and restricted water flow shower heads are included in all new works.

### B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule

There are no new leases or tenancies for 2024-2025.

### B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)

There are no new leases or tenancies for 2024-2025.

### 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

|                                |   |          |          |
|--------------------------------|---|----------|----------|
| NABERS Energy - Ararat         | - | 4.5 Star | 4.5 Star |
| NABERS Water Rating - Ararat   | - | 6 Star   | 4.5 Star |
| NABERS Energy - Willaura       | - | 5.5 Star | 5 Star   |
| NABERS Water Rating - Willaura | - | 3 Star   | 4 Star   |

# ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

## SUSTAINABLE PROCUREMENT

| Procurement Planning Committee Terms of Reference 6.73: | Ensure appropriate consideration and consultation has been completed prior to purchase approval of new products or equipment (i.e. issues of risk/safety, organisation consistency, Healthshare Victoria (HSV) compliance, clinical outcomes, OH&S, infection control, budget and environmental sustainability). |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procurement Governance Policy - SOPP 20.27:             | Periodically review East Grampians Health Service approach to contract management, i.e. monitor and review the CMS to identify opportunities to ensure that the impact of socio-economic and environmental sustainability is considered in East Grampians Health Service contract management approach.           |

## WATER USE

| W1 Total units of metered water consumed by water source (kl)                                                             | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|---------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|
| Potable water [kL]                                                                                                        | 10,804.07        | 10,355.25        | 15,592.48        |
| <b>Total units of water consumed [kl]</b>                                                                                 | <b>10,804.07</b> | <b>10,355.25</b> | <b>15,592.48</b> |
| W2 Units of metered water consumed normalised by FTE, head-count, floor area, or other entity or sector specific quantity |                  |                  |                  |
| Water per unit of Aged Care OBD [kL/Aged Care OBD]                                                                        | 0.39             | 0.36             | 0.55             |
| Water per unit of LOS [kL/LOS]                                                                                            | 0.87             | 0.79             | 1.36             |
| Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]                                                                    | 0.27             | 0.25             | 0.39             |
| Water per unit of Separations [kL/Separations]                                                                            | 1.57             | 1.52             | 2.46             |
| Water per unit of floor space [kL/m2]                                                                                     | 0.70             | 0.67             | 1.00             |

## WASTE AND RECYCLING

| WR1 Total units of waste disposed of by waste stream and disposal method [kg]       | Jul-24 to Jun-25  | Jul-23 to Jun-24  | Jul-22 to Jun-23  |
|-------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|
| <b>Landfill (total)</b>                                                             |                   |                   |                   |
| General waste - bins                                                                | 4,900.00          | 7,510.00          | -                 |
| General waste - skips                                                               | 92,140.00         | 107,819.09        | 132,474.03        |
| <b>Offsite treatment</b>                                                            |                   |                   |                   |
| Clinical waste - incinerated                                                        | 1,622.53          | 1,287.80          | 1,264.41          |
| Clinical waste - sharps                                                             | 803.86            | 858.33            | 823.36            |
| Clinical waste - treated                                                            | 11,603.68         | 13,124.93         | 17,428.38         |
| <b>Recycling/recovery (disposal)</b>                                                |                   |                   |                   |
| Batteries                                                                           | 8.98              | 9.00              | -                 |
| Blister Packs                                                                       | 112.32            | -                 | -                 |
| Cardboard                                                                           | 7,920.00          | 10,750.69         | 16,082.07         |
| Commingled                                                                          | 26,822.40         | 26,272.44         | 27,677.17         |
| E-waste                                                                             | 120.00            | 278.00            | 172.00            |
| Fluorescent tubes                                                                   | -                 | -                 | 15.00             |
| Grease traps                                                                        | 1,140.00          | 1,339.50          | 1,428.58          |
| Organics (garden)                                                                   | 14,090.00         | 11,568.00         | 7,948.00          |
| Paper (confidential)                                                                | 3,151.88          | 3,823.11          | 3,287.87          |
| PVC                                                                                 | 375.00            | 177.00            | 171.00            |
| <b>Total units of waste disposed [kg]</b>                                           | <b>164,810.64</b> | <b>184,817.90</b> | <b>208,771.87</b> |
| <b>WR1 Total units of waste disposed of by waste stream and disposal method [%]</b> |                   |                   |                   |
| <b>Landfill (total)</b>                                                             |                   |                   |                   |
| General waste                                                                       | 58.88%            | 62.40%            | 63.45%            |
| <b>Offsite treatment</b>                                                            |                   |                   |                   |
| Clinical waste - incinerated                                                        | 0.98%             | 0.70%             | 0.61%             |
| Clinical waste - sharps                                                             | 0.49%             | 0.46%             | 0.39%             |
| Clinical waste - treated                                                            | 7.04%             | 7.10%             | 8.35%             |

# ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

## WASTE AND RECYCLING

| WR1 Total units of waste disposed of by waste stream and disposal method [%]                                                                | Jul-24 to Jun-25          | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|------------------|
| Recycling/recovery (disposal)                                                                                                               |                           |                  |                  |
| Batteries                                                                                                                                   | 0.01%                     | 0.00%            | -                |
| Blister Packs                                                                                                                               | 0.07%                     | -                | -                |
| Cardboard                                                                                                                                   | 4.81%                     | 5.82%            | 7.70%            |
| Commingled                                                                                                                                  | 16.27%                    | 14.22%           | 13.26%           |
| E-waste                                                                                                                                     | 0.07%                     | 0.15%            | 0.08%            |
| Fluorescent tubes                                                                                                                           | -                         | -                | 0.01%            |
| Grease traps                                                                                                                                | 0.69%                     | 0.72%            | 0.68%            |
| Organics (garden)                                                                                                                           | 8.55%                     | 6.26%            | 3.81%            |
| Paper (confidential)                                                                                                                        | 1.91%                     | 2.07%            | 1.57%            |
| PVC                                                                                                                                         | 0.23%                     | 0.10%            | 0.08%            |
| WR2 Percentage of office sites covered by dedicated collection services for each waste stream                                               |                           |                  |                  |
| Printer cartridges                                                                                                                          | Not Mandatory for Tier 3a |                  |                  |
| Batteries                                                                                                                                   | Not Mandatory for Tier 3a |                  |                  |
| e-waste                                                                                                                                     | Not Mandatory for Tier 3a |                  |                  |
| Soft plastics                                                                                                                               | Not Mandatory for Tier 3a |                  |                  |
| WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method |                           |                  |                  |
| Total waste to landfill per patient treated (kg general waste)/PPT                                                                          | 2.05                      | 2.37             | 2.87             |
| Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT                                                             | 0.30                      | 0.31             | 0.42             |
| Total waste recycled and reused per patient treated (kg recycled and reused)/PPT                                                            | 1.14                      | 1.11             | 1.23             |
| WR4 Recycling rate [%]                                                                                                                      |                           |                  |                  |
| Weight of recyclable and organic materials [kg]                                                                                             | 53,740.57                 | 54,217.74        | 56,781.68        |
| Weight of total waste [kg]                                                                                                                  | 164,810.64                | 184,817.90       | 208,771.87       |
| Recycling rate [%]                                                                                                                          | 32.61%                    | 29.34%           | 27.20%           |
| WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))                                                                      |                           |                  |                  |
| CO2-e(t)                                                                                                                                    | 143.71                    | 169.24           | 197.06           |

## GREENHOUSE GAS EMISSIONS

| G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]                                                                                                       | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|
| Carbon Dioxide                                                                                                                                                           | 581.29           | 579.29           | 609.98           |
| Methane                                                                                                                                                                  | 0.99             | 1.04             | 1.05             |
| Nitrous Oxide                                                                                                                                                            | 0.96             | 0.90             | 1.06             |
| <b>Total</b>                                                                                                                                                             | <b>583.24</b>    | <b>581.22</b>    | <b>612.09</b>    |
| GHG emissions from stationary fuel (F2) [tonnes CO2-e]                                                                                                                   | 450.78           | 476.96           | 475.70           |
| GHG emissions from vehicle fleet (T3) [tonnes CO2-e]                                                                                                                     | 132.46           | 104.26           | 136.39           |
| <b>Medical/Refrigerant gases</b>                                                                                                                                         |                  |                  |                  |
| Desflurane                                                                                                                                                               | 0.91             | 1.79             | 5.39             |
| Nitrous oxide                                                                                                                                                            | 102.65           | 149.46           | 149.46           |
| Refrigerant - R134A (HFC-134A)                                                                                                                                           | -                | 0.52             | 0.26             |
| Refrigerant - R22 (HCFC-22)                                                                                                                                              | 6.86             | -                | -                |
| Refrigerant - R32 (HFC-32)                                                                                                                                               | 4.09             | 2.64             | -                |
| Refrigerant - R404A (HFC-404A)                                                                                                                                           | 20.33            | 20.90            | 23.90            |
| Refrigerant - R410A (HFC-410A)                                                                                                                                           | 1.13             | -                | -                |
| Sevoflurane                                                                                                                                                              | 2.01             | 0.85             | 1.44             |
| <b>Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))</b>                                                                                                        | <b>721.21</b>    | <b>757.38</b>    | <b>792.53</b>    |
| <b>G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))</b>                                                                                       |                  |                  |                  |
| Electricity                                                                                                                                                              | 1,161.99         | 1,080.03         | 1,098.50         |
| <b>Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))</b>                                                                                          | <b>1,161.99</b>  | <b>1,080.03</b>  | <b>1,098.50</b>  |
| The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions. |                  |                  |                  |
| <b>G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))</b>                                    |                  |                  |                  |
| Commercial air travel                                                                                                                                                    | 0.00             | 0.00             | 0.00             |
| Waste emissions (WR5)                                                                                                                                                    | 143.71           | 169.24           | 197.06           |
| Indirect emissions from Stationary Energy                                                                                                                                | 207.71           | 186.95           | 196.39           |
| Indirect emissions from Transport Energy                                                                                                                                 | 33.39            | 26.24            | 34.29            |
| Paper emissions                                                                                                                                                          | 8.66             | 7.51             | 3.94             |
| Water emissions                                                                                                                                                          | 17.67            | 17.38            | 26.41            |
| Any other Scope 3 emissions                                                                                                                                              | -                | -                | -                |
| <b>Total Scope 3 greenhouse gas emissions (CO2-e(t))</b>                                                                                                                 | <b>411.14</b>    | <b>407.31</b>    | <b>458.09</b>    |

# ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

## GREENHOUSE GAS EMISSIONS

| G(Opt) Net greenhouse gas emissions (CO <sub>2</sub> -e(t))                           | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|---------------------------------------------------------------------------------------|------------------|------------------|------------------|
| <b>Gross greenhouse gas emissions (G1 + G2 + G3) (CO<sub>2</sub>-e(t))</b>            | <b>2,294.34</b>  | <b>2,244.72</b>  | <b>2,349.13</b>  |
| Total gross reported greenhouse gas emissions per bed-day (CO <sub>2</sub> -e(t)/OBD) | 0.06             | 0.05             | 0.06             |
| Any Reduction Measures Offsets purchased (EL4-related)                                | -                | -                | -                |
| <b>Any Offsets purchased</b>                                                          | <b>-</b>         | <b>-</b>         | <b>-</b>         |
| <b>Net greenhouse gas emissions [tonnes CO<sub>2</sub>e]</b>                          | <b>2,294.34</b>  | <b>2,244.72</b>  | <b>2,349.13</b>  |

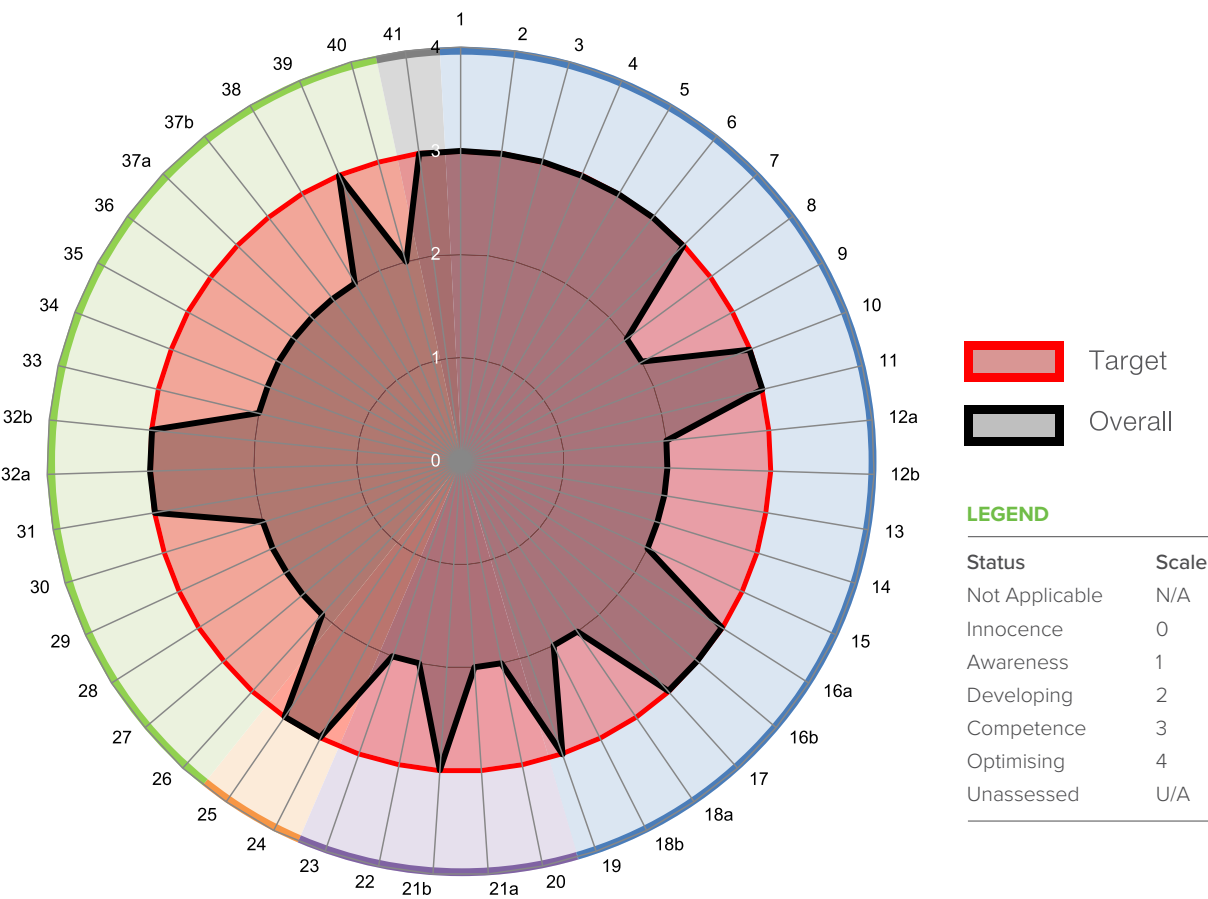
## NORMALISATION FACTORS

|                        | Jul-24 to Jun-25 | Jul-23 to Jun-24 | Jul-22 to Jun-23 |
|------------------------|------------------|------------------|------------------|
| 1000km (Corporate)     | 641              | 489              | 526              |
| 1000km (Non-emergency) | -                | -                | -                |
| Aged Care OBD          | 27,999.00        | 28,734.00        | 28,307.00        |
| ED Departures          | 0.00             | 0.00             | 0.00             |
| FTE                    | 398.00           | 375.00           | 352.00           |
| LOS                    | 12,430.00        | 13,151.00        | 11,471.00        |
| OBD                    | 40,429.00        | 41,885.00        | 39,778.00        |
| PPT                    | 47,316.00        | 48,715.00        | 46,108.00        |
| Separations            | 6,887.00         | 6,830.00         | 6,330.00         |
| <b>TotalAreaM2</b>     | <b>15,524.00</b> | <b>15,524.00</b> | <b>15,524.00</b> |

**NOTE:** Indicators are not reported where data is unavailable or an indicator is not relevant to the organisation's operations.

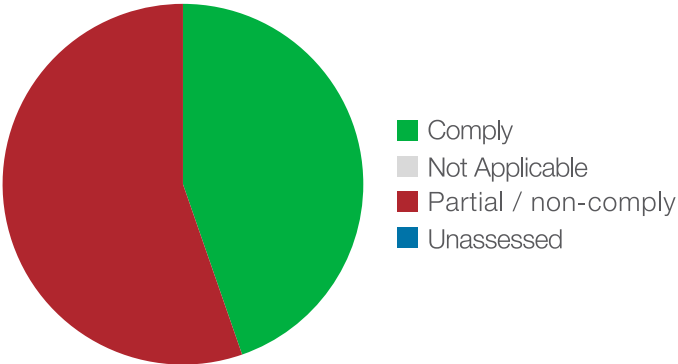
# COMPLIANCE AND MATURITY RATING TOOL

## ASSET MANAGEMENT MATURITY



## AMAF COMPLIANCE

East Grampians Health Service has put in place appropriate controls and processes to ensure it is compliant with the mandatory requirements for the Asset Management Accountability Framework.



# LEGISLATIVE COMPLIANCE

## ATTESTATIONS

### CONFLICT OF INTEREST

I, Nick Bush, certify that EGHS has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and 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 EGHS 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.



**Nick Bush**  
Accountable Officer  
East Grampians Health Service  
26th August 2025

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### COMPLIANCE WITH HEALTH SHARE VICTORIA (HSV) PURCHASING POLICIES

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



**Nick Bush**  
Accountable Officer  
East Grampians Health Service  
26th August 2025

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### FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

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



**Cam Evans**  
Accountable Officer  
East Grampians Health Service  
26th August 2025

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### DATA INTEGRITY DECLARATION

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



**Nick Bush**  
Accountable Officer  
East Grampians Health Service  
26th August 2025

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### INTEGRITY, FRAUD AND CORRUPTION

I, Nick Bush, certify that EGHS has put it place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at EGHS during the year.



**Nick Bush**  
Responsible Officer  
East Grampians Health Service  
26th August 2025

## BUILDING ACT 1993

The Health Service continues to comply with the Building Act 1993 and Standards for Publicly Owned Buildings November 1994, as under FRD22H

Members of the Finance, Risk, Audit & Capital Development are responsible for providing high-level management oversight of large Capital projects that fall outside the delegation of the Chief Executive. The committee provides direction and support to project managers and related staff to support the successful delivery of EGHS Capital Projects.

All Contractors engaged on works for the Health Service are required to show evidence of current registration and other relevant documentation such as insurances and public liability. This is controlled through an electronic database program called iAsset for the control of Contract Management.

### Building Works

The following works and maintenance were undertaken during the year to ensure that the Health Service conforms with the relevant Standards.

|                                                           |          |
|-----------------------------------------------------------|----------|
| Building Works                                            | 2 active |
| Building certified for approval                           | 2 active |
| Works in construction and subject of mandatory inspection | 2 active |
| Occupancy Permits issued                                  | 0        |

### Maintenance

|                                                                                      |     |
|--------------------------------------------------------------------------------------|-----|
| Notices issued for rectification of substandard buildings requiring urgent attention | Nil |
| Involving major expenditure and urgent attention                                     | Nil |
| Building Condition Assessment                                                        | Yes |
| Essential Services Maintenance                                                       | Yes |

### Building Works July 2024 – June 2025

|                                                                                               | Approved | Mandatory Inspection | Occ Permit |
|-----------------------------------------------------------------------------------------------|----------|----------------------|------------|
| Certificate of Final Inspection                                                               | Yes      | Yes                  | Yes        |
| Practical Laboratory Expansion                                                                |          |                      |            |
| Practical Laboratory Expansion 70 Lowe Street – Stage 1 (Double rooms to single with ensuite) | Yes      | Yes                  | Yes        |

## CAR PARKING

EGHS is not required to comply with the Department of Health (DOH) hospital Circular on car parking fees as it does not operate any fee-paying car park space.

## COMPETITIVE NEUTRALITY

All competitive neutrality requirements comply with the National Competition Policy and have been made in accordance with Government costing policies for public hospitals. EGHS complies with the requirements of the policy statement *Competitive Neutrality Policy Victoria*, and any subsequent reforms.

## CARERS' RECOGNITION ACT 2012

The Health Service has taken all practical measures to comply with its obligations under the Act. These include (insert or remove whatever is applicable):

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act; developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
  - implementing priority actions in Recognising and supporting Victoria's carers: Victorian carer strategy .

## CONSULTANCIES

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

In 2024-25, there were no consultancies where the total fees payable to the consultants were less than \$10,000.

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

In 2024-25, there were no consultancies where the total fees payable to the consultants were \$10,000 or greater.

## DISCLOSURE OF ICT EXPENDITURE

The total ICT expenditure incurred during 2024-25 is \$2,406,285 with the details shown below.

| Business-As-Usual (BAU) ICT expenditure (\$ '000) | Non-Business As Usual (Non-BAU) ICT expenditure (\$ '000) | Operational expenditure (excluding GST) (\$ '000) | Capital expenditure (excluding GST) (\$ '000) |
|---------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| \$2,406,285                                       | \$114,352                                                 | \$43,494                                          | \$70,858                                      |

# LEGISLATIVE COMPLIANCE

## FEES

Most fees charged by the Health Service are regulated by the Commonwealth Government and the Victorian Government's Department of Health. There were only minimal indexation of fees applied for the financial year.

### Government Advertising Campaign

East Grampians did not engage in any Government advertising in 2024-25.

### Grants and Transfer Payments

Not applicable – EGHS did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024-25.

### Review and Study Expenses

Not applicable.

## FREEDOM OF INFORMATION

During 2024-25, EGHS received 66 applications. Of these requests, 1 was from a Member of Parliament, 0 from the media, and the remainder from the general public. EGHS made 55 FOI decisions during the 12 months ended 30 June 2025. There were 55 decisions made within the statutory time periods.

Of the total decisions made, 54 granted access to documents in full, 0 granted access in part and 1 denied access in full. During 2024-25, 0 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. 0 requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

## GENDER EQUALITY ACT

The *Victorian Gender Equality Act* came into effect on March 31, 2021. It acknowledges that gender equality is a human right and precondition to social justice, it brings significant economic, social and health benefits for Victoria. As a defined entity under the Act, EGHS has undertaken a workforce audit as of the 30 June 2024 and conducted a staff survey called the People Matter Survey. The audit and survey findings will identify gender composition at all levels of the Health Service workforce, gender composition of the Board, gendered work segregation, workplace sexual harassment, improvement opportunities in recruitment and promotion and how leave and work flexibility is accessed by the different genders. The findings will be used to develop strategies for a four-year plan to increase gender equity and an inclusive workforce. EGHS reports on its progress every two years to the Commission for Gender Equality in the Public Sector.

## LOCAL JOBS FIRST ACT 2003

No projects undertaken by EGHS during 2024-25 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

## REGISTRATION

All clinical practitioners engaged by the Health Service maintained their registered status throughout the year.

## PRIVACY AND DATA PROTECTION ACT 2014 AND HEALTH RECORDS ACT 2001

Privacy Legislation comprises

- *Health Records Act 2001*
- *Privacy and Data Protection Act 2014*

Privacy and Data Protection Act 2014 covers the privacy.

Policies ensure strict adherence to the Acts and that the personal health information of consumers remains confidential and secure. Consumer information will only be used by non-health service staff with the consent of the consumer and is accessible by the consumer under Freedom of Information guidelines.

Consumers are informed of their rights regarding their health information on first contact with the Health Service.

The Health Information Manager is the designated Privacy Officer and manages all enquiries relating to these two Acts.

## PUBLIC INTEREST DISCLOSURE ACT 2012

Allegations of improper conduct by employees or the Board of the Health Service is very serious. Allegations can include corrupt conduct, substantial mismanagement of public resources or conduct involving substantial risk to public health or safety.

The *Public Interest Disclosure Act 2012* is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.

Disclosures of improper conduct by EGHS or its employees may be made to:

The Public Interest Disclosure Co-ordinator

Nick Bush

[nick.bush@eghs.net.au](mailto:nick.bush@eghs.net.au)

or

The Ombudsman Victoria

Level 22, 459 Collins Street, Melbourne, 3000

Tel: 9613 6222 Toll free: 1800 806 314

In 2024-25 there were no disclosures or notifications of disclosure relevant to the *Public Interest Disclosure Act* received.

## SAFE PATIENT CARE ACT 2015

This Act was introduced to enshrine in law the minimum number of Nurses and Midwives to care for patients. At EGHS this Act has ensured we have the flexibility to engage Nurses and Midwives at appropriate staffing levels in line with the number of patients in our care. The Health Service has no matters to report in relation to its obligations under Section 40 of this Act.

# DISCLOSURE INDEX

The Annual Report of EGHS 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 | Legislation Requirement                                                                                                                                                                                                                                                                                                                                            | Page |
|-------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>Report of Operations - FRD Guidance</b>                                                |      | <b>Other requirements under Standing Directions 5.2</b>                                                                                                                                                                                                                                                                                                            |      |
| <i>Charter and Purpose</i>                                                                |      | SD 5.2.1(a) Compliance with Australian accounting standards and other authoritative pronouncements                                                                                                                                                                                                                                                                 | 51   |
| FRD 22 Manner of establishment and the relevant Ministers                                 | 03   | SD 5.2.1(a) Compliance with Standing Directions                                                                                                                                                                                                                                                                                                                    | 51   |
| FRD 22 Purpose, functions, powers and duties                                              | 03   | SD 5.2.1(b) Compliance with Model Financial Report                                                                                                                                                                                                                                                                                                                 | 51   |
| FRD 22 Nature and range of services provided                                              | 10   | <b>Other disclosures as required by FRDs in notes to the financial statements (a)(b)</b>                                                                                                                                                                                                                                                                           |      |
| FRD 22 Activities, programs and achievements for the reporting period                     | 26   | FRD 11 Disclosure of Ex gratia Expenses                                                                                                                                                                                                                                                                                                                            | 51   |
| FRD 22 Significant changes in key initiatives and expectations for the future             | 11   | FRD 103 Non-Financial Physical Assets                                                                                                                                                                                                                                                                                                                              | 65   |
| <i>Management and Structure</i>                                                           |      | FRD 110 Cash Flow Statements                                                                                                                                                                                                                                                                                                                                       | 56   |
| FRD 22 Organisational structure                                                           | 06   | FRD 112 Defined Benefit Superannuation Obligations                                                                                                                                                                                                                                                                                                                 | 62   |
| FRD 22 Workforce data/employment and conduct principles                                   | 35   | FRD 114 Financial Instruments – general government entities and public non-financial corporations                                                                                                                                                                                                                                                                  | 68   |
| FRD 22 Workforce Inclusion Policy                                                         | 48   | <b>Legislation</b>                                                                                                                                                                                                                                                                                                                                                 |      |
| FRD 22 Occupational Health and Safety                                                     | 35   | <i>Freedom of Information Act 1982 (Vic) (FOI Act)</i>                                                                                                                                                                                                                                                                                                             | 48   |
| <i>Financial Information</i>                                                              |      | <i>Building Act 1993</i>                                                                                                                                                                                                                                                                                                                                           | 47   |
| FRD 22 Summary of the financial results for the year                                      | 50   | <i>Public Interest Disclosures Act 2012</i>                                                                                                                                                                                                                                                                                                                        | 48   |
| FRD 22 Significant changes in financial position during the year                          | FR   | <i>Carers Recognition Act 2012</i>                                                                                                                                                                                                                                                                                                                                 | 47   |
| FRD 22 Operational and budgetary objectives and performance against objectives            | FR   | <i>Local Jobs Act 2003</i>                                                                                                                                                                                                                                                                                                                                         | 48   |
| FRD 22 Subsequent events                                                                  | FR   | <i>Financial Management Act 1994 (b)</i>                                                                                                                                                                                                                                                                                                                           | 51   |
| FRD 22 Details of consultancies over \$10,000                                             | 47   | <b>Additional information available on request</b>                                                                                                                                                                                                                                                                                                                 |      |
| FRD 22 Details of consultancies under \$10,000                                            | 47   | In accordance with FRD 22 and the Financial Management Act 1994, health services must include the following statement in the Report of Operations:                                                                                                                                                                                                                 |      |
| FRD 22 Disclosure of government advertising expenditure                                   | 48   | In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the Freedom of Information Act 1982. |      |
| FRD 22 Disclosure of ICT expenditure                                                      | 47   | The following information must be retained and made available upon request:                                                                                                                                                                                                                                                                                        |      |
| FRD 22 Asset Management Accountability Framework                                          | 45   | (a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;                                                                                                                                                                                                                                                        |      |
| FRD 22 Disclosure of emergency procurement                                                | N/A  | (b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;                                                                                                                                                                                                                                             |      |
| FRD 22 Disclosure of social procurement activities under the Social Procurement Framework | 24   | (c) details of publications produced by the entity about itself, and how these can be obtained;                                                                                                                                                                                                                                                                    |      |
| FRD 22 Disclosure of procurement complaints                                               | N/A  | (d) details of changes in prices, fees, charges, rates, and levies charged by the entity;                                                                                                                                                                                                                                                                          |      |
| FRD 22 Disclosure of reviews and study expenses                                           | N/A  | (e) details of any major external reviews carried out on the entity;                                                                                                                                                                                                                                                                                               |      |
| FRD 22 Disclosure of grants and transfer payments                                         | N/A  | (f) details of major research and development activities undertaken by the entity;                                                                                                                                                                                                                                                                                 |      |
| FRD 22 Application and operation of <i>Freedom of Information Act 1982</i>                | 48   | (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;                                                                                                                                                                                                                                                        |      |
| FRD 22 Compliance with building and maintenance provisions of <i>Building Act 1993</i>    | 47   | (h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;                                                                                                                                                                                                |      |
| FRD 22 Application and operation of <i>Public Interest Disclosure Act 2012</i>            | 48   | (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;                                                                                                                                                                                                                                                     |      |
| FRD 22 Statement on National Competition Policy                                           | 47   | (j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;                                                                                                                                                                                                                              |      |
| FRD 22 Application and operation of <i>Carers Recognition Act 2012</i>                    | 47   | (k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and                                                                                                                                                                                                                |      |
| FRD 22 Additional information available on request                                        | 49   | (l) details of all consultancies and contractors including:                                                                                                                                                                                                                                                                                                        |      |
| FRD 24 Environmental data reporting                                                       | 36   | (i) consultants/contractors engaged;                                                                                                                                                                                                                                                                                                                               |      |
| FRD 25 <i>Local Jobs First Act</i> disclosures                                            | 48   | (ii) services provided; and                                                                                                                                                                                                                                                                                                                                        |      |
| <b>Compliance Attestation and declaration</b>                                             |      | (iii) expenditure committed to for each engagement                                                                                                                                                                                                                                                                                                                 |      |
| SD 5.1.4 Financial Management Compliance attestation                                      | 46   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Other relevant reporting directives                                                       |      |                                                                                                                                                                                                                                                                                                                                                                    |      |
| SD 5.2.3 Declaration in Report of Operations                                              | 25   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>Other reporting requirements</b>                                                       |      |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Reporting of outcomes from Statement of Priorities 2024-25                                | 11   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Occupational Violence reporting                                                           | 35   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Gender Equality Act 2020                                                                  | 48   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Reporting obligations under the <i>Safe Patient Care Act 2015</i>                         | 48   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| Reporting of compliance regarding Car Parking Fees (if applicable)                        | 47   |                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>Declaration</b>                                                                        |      |                                                                                                                                                                                                                                                                                                                                                                    |      |
| SD 5.2.2 Declaration in financial statements                                              | 51   |                                                                                                                                                                                                                                                                                                                                                                    |      |

# FINANCIAL REPORT

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| Responsible Persons Disclosures                                                           | 80        |

## Financial Statements

### Financial Year ended 30 June 2025

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of East Grampians Health Service at 30 June 2025.

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 23rd September 2025.

*Board member*



Cam Evans  
Chair  
Ararat  
23rd September 2025

*Accountable Officer*



Nick Bush  
Chief Executive Officer  
Ararat  
23rd September 2025

*Chief Finance & Accounting Officer*



Tony Roberts  
Chief Finance and Accounting Officer  
Ararat  
23rd September 2025

# Independent Auditor's Report

## To the Board of East Grampians Health Service

|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Opinion</b>                                           | <p>I have audited the financial report of East Grampians Health Service (the health service) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2025</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 2025 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 Australian Accounting Standards – Simplified Disclosures.</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>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 – Simplified Disclosures and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation 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  
29 September 2025

Simone Bohan  
*as delegate for the Auditor-General of Victoria*

East Grampians Health Service  
Comprehensive Operating Statement  
For the Year Ended 30 June 2025

|                                                              |                | 2025<br>\$'000  | 2024<br>\$'000  |
|--------------------------------------------------------------|----------------|-----------------|-----------------|
| <b>Revenue and income from transactions</b>                  |                |                 |                 |
| Revenue from contracts with customers                        | 2.1            | 58,462          | 55,099          |
| Other sources of income                                      | 2.1            | 16,873          | 14,312          |
| Non-operating activities                                     |                | 1,035           | 1,013           |
| <b>Total revenue and income from transactions</b>            |                | <b>76,370</b>   | <b>70,424</b>   |
| <b>Expenses from transactions</b>                            |                |                 |                 |
| Employee expenses                                            | 3.1            | (56,257)        | (50,113)        |
| Finance costs                                                |                | (32)            | (14)            |
| Depreciation                                                 | 4.1(a), 4.1(b) | (4,692)         | (3,495)         |
| Other operating expenses                                     | 3.1            | (18,164)        | (17,829)        |
| <b>Total Expenses from transactions</b>                      |                | <b>(79,145)</b> | <b>(71,451)</b> |
| <b>Net result from transactions - net operating balance</b>  |                | <b>(2,775)</b>  | <b>(1,027)</b>  |
| <b>Other economic flows included in net result</b>           |                |                 |                 |
| Net gain/(loss) on sale of non-financial assets              |                | 12              | (1,257)         |
| Net gain on financial instruments                            |                | 13              | 59              |
| Other loss from other economic flows                         |                | (254)           | (97)            |
| <b>Total other economic flows included in net result</b>     |                | <b>(229)</b>    | <b>(1,295)</b>  |
| <b>Net result</b>                                            |                | <b>(3,004)</b>  | <b>(2,322)</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 |                | -               | 10,235          |
| <b>Total other comprehensive income</b>                      |                | <b>-</b>        | <b>10,235</b>   |
| <b>Comprehensive result</b>                                  |                | <b>(3,004)</b>  | <b>7,913</b>    |

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

# East Grampians Health Service Balance Sheet

For the Year Ended 30 June 2025

|                                        | Note   | 2025<br>\$'000 | 2024<br>\$'000 |
|----------------------------------------|--------|----------------|----------------|
| <b>Financial assets</b>                |        |                |                |
| Cash and cash equivalents              | 6.2    | 12,014         | 14,026         |
| Receivables                            | 5.1    | 5,485          | 2,673          |
| Investments and other financial assets | 5.2    | 2,778          | 2,963          |
| <b>Total financial assets</b>          |        | <b>20,277</b>  | <b>19,662</b>  |
| <b>Non-financial assets</b>            |        |                |                |
| Prepayments                            |        | 401            | 271            |
| Inventories                            |        | 98             | 102            |
| Property, plant and equipment          | 4.1    | 66,502         | 68,043         |
| Investment property                    | 4.3    | 2,740          | 2,740          |
| <b>Total non-financial assets</b>      |        | <b>69,741</b>  | <b>71,156</b>  |
| <b>Total assets</b>                    |        | <b>90,018</b>  | <b>90,818</b>  |
| <b>Liabilities</b>                     |        |                |                |
| Payables                               | 5.3    | 3,101          | 3,548          |
| Contract liabilities                   | 5.4    | 2,966          | 1,490          |
| Borrowings                             | 6.1    | 1,126          | 1,287          |
| Employee benefits                      | 3.1(b) | 11,690         | 9,679          |
| Other liabilities                      | 5.5    | 7,236          | 7,911          |
| <b>Total liabilities</b>               |        | <b>26,119</b>  | <b>23,915</b>  |
| <b>Net assets</b>                      |        | <b>63,899</b>  | <b>66,903</b>  |
| <b>Equity</b>                          |        |                |                |
| Reserves                               |        | 58,019         | 58,222         |
| Contributed capital                    |        | 19,896         | 19,896         |
| Accumulated (deficit)                  |        | (14,016)       | (11,215)       |
| <b>Total equity</b>                    |        | <b>63,899</b>  | <b>66,903</b>  |

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

East Grampians Health Service  
Statement of Changes in Equity  
For the Year Ended 30 June 2025

|                                         | Property, Plant<br>and Equipment<br>Revaluation<br>Surplus<br>\$'000 | Restricted<br>Specific<br>Purpose<br>Reserve<br>\$'000 | Contributed<br>Capital<br>\$'000 | Accumulated<br>(Deficit)<br>\$'000 | Total<br>\$'000 |
|-----------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|------------------------------------|-----------------|
| <b>Balance at 1 July 2023</b>           | <b>43,207</b>                                                        | <b>3,927</b>                                           | <b>19,896</b>                    | <b>(8,040)</b>                     | <b>58,990</b>   |
| Net result for the year                 | -                                                                    | -                                                      | -                                | (2,322)                            | (2,322)         |
| Other comprehensive income for the year | 10,235                                                               | -                                                      | -                                | -                                  | 10,235          |
| Transfer from/(to) accumulated(deficit) | -                                                                    | 853                                                    | -                                | (853)                              | -               |
| <b>Balance at 30 June 2024</b>          | <b>53,442</b>                                                        | <b>4,780</b>                                           | <b>19,896</b>                    | <b>(11,215)</b>                    | <b>66,903</b>   |
| Net result for the year                 | -                                                                    | -                                                      | -                                | (3,004)                            | (3,004)         |
| Transfer from/(to) accumulated(deficit) | -                                                                    | (203)                                                  | -                                | 203                                | -               |
| <b>Balance at 30 June 2025</b>          | <b>53,442</b>                                                        | <b>4,577</b>                                           | <b>19,896</b>                    | <b>(14,016)</b>                    | <b>63,899</b>   |

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

# East Grampians Health Service

## Cash Flow Statement

For the Year Ended 30 June 2025

|                                                                    | Note | 2025<br>\$'000  | 2024<br>\$'000  |
|--------------------------------------------------------------------|------|-----------------|-----------------|
| <b>Cash Flows from operating activities</b>                        |      |                 |                 |
| Operating grants from State Government                             |      | 48,650          | 43,331          |
| Operating grants from Commonwealth Government                      |      | 14,336          | 14,736          |
| Capital grants from State Government                               |      | 1,606           | 1,411           |
| GST received from ATO                                              |      | 1,737           | 1,828           |
| Interest and investment income received                            |      | 1,035           | 560             |
| Other receipts                                                     |      | 8,975           | 12,052          |
| <b>Total receipts</b>                                              |      | <b>76,339</b>   | <b>73,918</b>   |
| Payments to employees                                              |      | (54,274)        | (49,104)        |
| Payments to suppliers and consumables                              |      | (18,650)        | (17,466)        |
| Finance costs                                                      |      | (32)            | (14)            |
| GST paid to ATO                                                    |      | (1,801)         | (1,863)         |
| <b>Total payments</b>                                              |      | <b>(74,757)</b> | <b>(68,447)</b> |
| <b>Net cash flows from operating activities</b>                    |      | <b>1,582</b>    | <b>5,471</b>    |
| <b>Cash Flows from investing activities</b>                        |      |                 |                 |
| Proceeds from sale of non-financial assets                         |      | 21              | 33              |
| Purchase of non-financial assets                                   |      | (3,030)         | (1,360)         |
| Purchase of financial assets                                       |      | (202)           | (185)           |
| Redemption of financial assets                                     |      | 400             | -               |
| Capital donations and bequests received                            |      | 189             | 108             |
| <b>Net cash flows (used in) investing activities</b>               |      | <b>(2,622)</b>  | <b>(1,404)</b>  |
| <b>Cash flows from financing activities</b>                        |      |                 |                 |
| Repayment of borrowings and principal portion of lease liabilities |      | (291)           | (234)           |
| Repayment of accommodation deposits                                |      | (3,545)         | (4,269)         |
| Receipt of accommodation deposits                                  |      | 2,864           | 4,342           |
| <b>Net cash flows (used in) financing activities</b>               |      | <b>(972)</b>    | <b>(161)</b>    |
| <b>Net increase/(decrease) in cash and cash equivalents held</b>   |      | <b>(2,012)</b>  | <b>3,906</b>    |
| Cash and cash equivalents at beginning of year                     |      | 14,026          | 10,120          |
| <b>Cash and cash equivalents at end of year</b>                    | 6.2  | <b>12,014</b>   | <b>14,026</b>   |

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

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### Structure

- 1.1 Basis of preparation
- 1.2 Material accounting estimates and judgements
- 1.3 Reporting entity
- 1.4 Economic dependency

### Note 1 About this Report

These financial statements represent the financial statements of East Grampians Health Service for the year ended 30 June 2025.

East Grampians Health Service is a not-for-profit entity established as a public agency in 1995 under the *Health Services Act 1988 (Vic)*. A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

#### Note 1.1 Basis of preparation

These financial statements are general purpose financial statements which have been prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 *Application of Tiers of Australian Accounting Standards* (FRD 101).

East Grampians Health Service is a Tier 2 entity in accordance with FRD 101. These financial statements are the first general purpose financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. East Grampians Health Service's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As East Grampians Health Service is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

These general purpose financial statements have been prepared in accordance with the Financial Management Act 1994 (FMA) and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure 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 accrual basis of accounting has been applied in preparing these financial statements, 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.

Consistent with the requirements of AASB 1004 *Contributions*, 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 East Grampians Health Service.

The financial statements have been prepared on a going concern basis (refer to Note 1.4 Economic Dependency).

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of East Grampians Health Service on 23rd September 2025.

#### Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

The material accounting judgements and estimates used, and any changes thereto, are disclosed within the relevant accounting policy.

East Grampians Health Service  
Notes to the Financial Statements  
For the Year Ended 30 June 2025

**Note 1.3 Reporting Entity**

East Grampians Health Service's principal address is:  
Girdlestone Street  
ARARAT VIC 3377

**Note 1.4 Economic dependency**

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

## Note 2 Funding delivery of our services

East Grampians Health Service's overall objective is to provide quality health service that will improve the health, wellbeing and the quality of life for our community. East Grampians Health Service is predominantly funded by grant funding for the provision of outputs. East Grampians Health Service also receives income from the supply of services.

### Structure

#### 2.1 Revenue and income from transactions

##### Note 2.1 Revenue and income from transactions

|                                                   |        | 2025<br>\$'000 | 2024<br>\$'000 |
|---------------------------------------------------|--------|----------------|----------------|
| Revenue from contracts with customers             | 2.1(a) | 58,462         | 55,099         |
| Other sources of income                           | 2.1(b) | 16,873         | 14,312         |
| <b>Total revenue and income from transactions</b> |        | <b>75,335</b>  | <b>69,411</b>  |

##### Note 2.1(a) Revenue from contracts with customers

|                                                    | 2025<br>\$'000 | 2024<br>\$'000 |
|----------------------------------------------------|----------------|----------------|
| Government grants (State) - Operating              | 35,144         | 33,623         |
| Government grants (Commonwealth) - Operating       | 16,002         | 14,353         |
| Patient and resident fees                          | 7,064          | 6,886          |
| Commercial activities                              | 252            | 237            |
| <b>Total revenue from contracts with customers</b> | <b>58,462</b>  | <b>55,099</b>  |

### How we recognise revenue from contracts with customers

#### Government grants

Revenue from government operating grants that are enforceable and contain sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15.

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

This policy applies to each of East Grampians Health Service's revenue streams, with information detailed below relating to East Grampians Health Service's material revenue streams:

| Government grant                                                            | Performance obligation                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU) | NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid.<br><br>The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity.<br><br>Revenue is recognised at point in time, which is when a patient is discharged. |
| Commonwealth Residential Aged Care Grants                                   | Funding is provided for the provision of care for aged care residents within facilities at East Grampians Health Service. The performance obligations include provision of residential accommodations and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided with the aged care facility.                                              |

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### Patient and resident fees

Patient and resident fees are charges incurred by patients for services they receive. Patient and resident fees are recognised under AASB 15 at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

### Note 2.1(b) Other sources of income

|                                                             |      | 2025          | 2024          |
|-------------------------------------------------------------|------|---------------|---------------|
|                                                             | Note | \$'000        | \$'000        |
| Government grants (State) - Operating                       |      | 11,737        | 8,853         |
| Government grants (State) - Capital                         |      | 1,606         | 1,794         |
| Other capital purpose income                                |      | -             | 358           |
| Assets received free of charge or for nominal consideration |      | 621           | 217           |
| Share in joint venture operating activities                 | 8.6  | 724           | 514           |
| Other income from operating activities                      |      | 2,185         | 2,576         |
| <b>Total other sources of income</b>                        |      | <b>16,873</b> | <b>14,312</b> |

### How we recognise other sources of income

#### Government grants

East Grampians Health Service recognises income of not-for-profit entities under AASB 1058 where it has been earned under arrangements that are either not enforceable or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when East Grampians Health Service has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, East Grampians Health Service recognises any related contributions by owners, increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards. Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004 *Contributions*
- revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

#### Capital grants

Where East Grampians Health Service receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with East Grampians Health Service's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

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

The DH makes some payments on behalf of East Grampians Health Service as follows:

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

### Note 3 The cost of delivering our services

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

#### Structure

#### 3.1 Expenses incurred in the delivery of services

##### Note 3.1 Expenses incurred in the delivery of services

|                                                            |        | 2025          | 2024          |
|------------------------------------------------------------|--------|---------------|---------------|
|                                                            | Note   | \$'000        | \$'000        |
| Employee expenses                                          | 3.1(a) | 56,257        | 50,113        |
| Other operating expenses                                   | 3.1(c) | 18,164        | 17,829        |
| <b>Total expenses incurred in the delivery of services</b> |        | <b>74,421</b> | <b>67,942</b> |

##### Note 3.1(a) Employee expenses

|                                             | 2025          | 2024          |
|---------------------------------------------|---------------|---------------|
|                                             | \$'000        | \$'000        |
| Salaries and wages                          | 41,715        | 37,624        |
| Defined contribution superannuation expense | 4,285         | 3,703         |
| Defined benefit superannuation expense      | 55            | 33            |
| Agency expenses                             | 4,011         | 2,957         |
| Fee for service medical officer expenses    | 6,191         | 5,796         |
| <b>Total employee expenses</b>              | <b>56,257</b> | <b>50,113</b> |

#### How we recognise employee expenses

Employee expenses include salaries and wages, fringe benefits tax, leave entitlements, termination payments, WorkCover payments and agency expenses.

The amount recognised in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

The defined benefit plan(s) provides benefits based on year of service and final average salary. The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. East Grampians Health Service does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, East Grampians Health Service accounts for contributions to these plans as if they were defined contribution plans.

The Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability.

##### Note 3.1(b) Employee-related provisions

|                                                           | 2025          | 2024         |
|-----------------------------------------------------------|---------------|--------------|
|                                                           | \$'000        | \$'000       |
| <b>Current provisions for employee benefits</b>           |               |              |
| Accrued days off                                          | 137           | 135          |
| Annual leave                                              | 4,283         | 3,168        |
| Long service leave                                        | 5,032         | 4,198        |
| Provision for on-costs                                    | 1,147         | 1,517        |
| <b>Total current provisions for employee benefits</b>     | <b>10,599</b> | <b>9,018</b> |
| <b>Non-current provisions for employee benefits</b>       |               |              |
| Long service leave                                        | 956           | 578          |
| Provision for on-costs                                    | 135           | 83           |
| <b>Total non-current provisions for employee benefits</b> | <b>1,091</b>  | <b>661</b>   |
| <b>Total provisions for employee benefits</b>             | <b>11,690</b> | <b>9,679</b> |

East Grampians Health Service  
Notes to the Financial Statements  
For the Year Ended 30 June 2025

#### How we recognise employee-related provisions

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

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

#### Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because East Grampians Health Service does not have an unconditional right to defer settlement 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 East Grampians Health Service expects to wholly settle within 12 months or
- present value – if East Grampians Health Service 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 the East Grampians Health Service 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 East Grampians Health Service expects to wholly settle within 12 months or
- present value – if East Grampians Health Service does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. There is a conditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service.

#### Provisions

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

#### Note 3.1(c) Other operating expenses

|                                                      | 2025<br>\$'000 | 2024<br>\$'000 |
|------------------------------------------------------|----------------|----------------|
| <b>Other operating expenses</b>                      |                |                |
| Drug supplies                                        | 2,287          | 1,984          |
| Medical and surgical supplies (including Prostheses) | 3,007          | 2,971          |
| Diagnostic and radiology supplies                    | 1,372          | 998            |
| Other supplies and consumables                       | 3,470          | 3,648          |
| Low value lease expenses                             | 98             | 49             |
| Fuel, light, power and water                         | 675            | 645            |
| Repairs and maintenance                              | 757            | 836            |
| Maintenance contracts                                | 540            | 691            |
| Medical indemnity insurance                          | 587            | 406            |
| Share of GRHA information and technology             | 643            | 525            |
| Other administration expenses                        | 4,728          | 5,076          |
| <b>Total other operating expenses</b>                | <b>18,164</b>  | <b>17,829</b>  |

#### How we recognise other operating expenses

##### Expense recognition

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

##### Supplies and consumables

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

## East Grampians Health Service Notes to the Financial Statements

For the Year Ended 30 June 2025

The following lease payments are recognised on a straight-line basis:

- short term leases – leases with a term of twelve months or less, and
- low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. East Grampians Health Service's variable lease payments during the year ended 30 June 2025 was nil.

### **Other operating expenses**

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

The DH also makes certain payments on behalf of East Grampians Health Service. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(c)) and recording a corresponding expense.

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

East Grampians Health Service 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 East Grampians Health Service to be utilised for delivery of services.

##### Structure

##### 4.1 Property, plant and equipment

##### 4.2 Depreciation and amortisation

##### 4.3 Investment property

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

|                                             | Gross carrying amount |               | Accumulated depreciation |                | Net carrying amount |               |
|---------------------------------------------|-----------------------|---------------|--------------------------|----------------|---------------------|---------------|
|                                             | 2025                  | 2024          | 2025                     | 2024           | 2025                | 2024          |
|                                             | \$'000                | \$'000        | \$'000                   | \$'000         | \$'000              | \$'000        |
| Land at fair value                          | 2,254                 | 2,054         | -                        | -              | 2,254               | 2,054         |
| Buildings at fair value                     | 60,027                | 59,803        | (3,514)                  | -              | 56,513              | 59,803        |
| Works in progress at cost                   | 1,681                 | 397           | -                        | -              | 1,681               | 397           |
| Plant, equipment and vehicles at fair value | 16,407                | 15,232        | (10,353)                 | (9,443)        | 6,054               | 5,789         |
| <b>Total property, plant and equipment</b>  | <b>80,369</b>         | <b>77,486</b> | <b>(13,867)</b>          | <b>(9,443)</b> | <b>66,502</b>       | <b>68,043</b> |

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

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

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

##### 4.1(a) Reconciliation of the carrying amount of each class of asset

|                                | Land         | Buildings     | Works in progress | Plant, equipment and vehicles | Total         |
|--------------------------------|--------------|---------------|-------------------|-------------------------------|---------------|
|                                | \$'000       | \$'000        | \$'000            | \$'000                        | \$'000        |
| <b>Balance at 1 July 2024</b>  | <b>2,054</b> | <b>59,803</b> | <b>397</b>        | <b>5,789</b>                  | <b>68,043</b> |
| Additions                      | 200          | 224           | 1,284             | 1,452                         | 3,160         |
| Disposals                      | -            | -             | -                 | (9)                           | (9)           |
| Depreciation                   | -            | (3,514)       | -                 | (1,178)                       | (4,692)       |
| <b>Balance at 30 June 2025</b> | <b>2,254</b> | <b>56,513</b> | <b>1,681</b>      | <b>6,054</b>                  | <b>66,502</b> |

Fair value assessments have been performed for all classes of assets in this purpose group and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, East Grampians Health Service has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with East Grampians Health Service's revaluation cycle.

#### 4.1(b) Right-of-use assets included in property, plant and equipment

The following tables are right-of-use assets included in the property, plant and equipment balance, presented by subsets of buildings and plant and equipment.

|                                             | Gross carrying amount |              | Accumulated depreciation |              | Net carrying amount |              |
|---------------------------------------------|-----------------------|--------------|--------------------------|--------------|---------------------|--------------|
|                                             | 2025                  | 2024         | 2025                     | 2024         | 2025                | 2024         |
|                                             | \$'000                | \$'000       | \$'000                   | \$'000       | \$'000              | \$'000       |
| Plant, equipment and vehicles at fair value | 1,738                 | 1,644        | (595)                    | (356)        | 1,143               | 1,288        |
| <b>Total right-of-use assets</b>            | <b>1,738</b>          | <b>1,644</b> | <b>(595)</b>             | <b>(356)</b> | <b>1,143</b>        | <b>1,288</b> |

#### 4.1(c) Reconciliation of the carrying amount of each class of right-of-use asset

|                                | Plant, equipment and vehicles<br>\$'000 | Total<br>\$'000 |
|--------------------------------|-----------------------------------------|-----------------|
| <b>Balance at 1 July 2024</b>  | <b>1,288</b>                            | <b>1,288</b>    |
| Additions                      | 130                                     | 130             |
| Depreciation                   | (275)                                   | (275)           |
| <b>Balance at 30 June 2025</b> | <b>1,143</b>                            | <b>1,143</b>    |

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

##### Initial recognition

When East Grampians Health Service enters a contract, which provides the health services 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.

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.

##### Subsequent measurement

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

East Grampians Health Service has applied the exemption permitted under FRD 104 *Leases*, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, East Grampians Health Service is not required to apply fair value measurement requirements to right-of-use assets arising from leases with significantly below-market terms and conditions, where those leases are entered into principally to enable the entity to further its objectives.

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

Further information regarding fair value measurement is disclosed in Note 7.3.

#### 4.1(d) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of East Grampians Health Service, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 136 *Impairment of Assets* does not apply to such assets that are regularly revalued.

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### Note 4.2 Depreciation

#### How we recognise depreciation

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

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

#### Useful lives of non-current assets

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

|                                                         | 2025          | 2024          |
|---------------------------------------------------------|---------------|---------------|
| Buildings                                               | 5 to 50 years | 7 to 48 years |
| Plant, equipment and vehicles (including leased assets) | 3 to 20 years | 4 to 20 years |

### Note 4.3 Investment property

|                                                | 2025<br>\$'000 | 2024<br>\$'000 |
|------------------------------------------------|----------------|----------------|
| Investment property at fair value              | 2,740          | 2,740          |
| <b>Total investment property at fair value</b> | <b>2,740</b>   | <b>2,740</b>   |
| <b>Balance at Beginning of Period</b>          | 2,740          |                |
| Net gain/(loss) from fair value adjustments    | -              |                |
| <b>Balance at End of Period</b>                | <b>2,740</b>   |                |

#### How we recognise 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 health services.

#### Initial recognition

Investment properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the health service.

#### Subsequent measurement

Subsequently investment properties are measured at fair value, determined annually by independent valuers. Fair values are determined based on a market comparable approach that reflects recent transaction prices for similar properties. Investment properties are neither depreciated nor tested for impairment.

For investment properties measured at fair value, the current use of the asset is considered the highest and best use.

The fair value of the health service's investment properties at 30 June 2025 have been arrived on the basis of an independent valuation carried out by Preston Rowe Patterson on behalf of the Valuer-General Victoria. The valuation was determined with reference to market evidence of properties including location, condition and lease terms.

Further information regarding fair value measurement is disclosed in Note 7.3.

## Note 5 Other assets and liabilities

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

### Structure

#### 5.1 Receivables

#### 5.2 Investments and other financial assets

#### 5.3 Payables

#### 5.4 Contract liabilities

#### 5.5 Other liabilities

#### Note 5.1 Receivables

| Note                                                    | 2025<br>\$'000 | 2024<br>\$'000 |
|---------------------------------------------------------|----------------|----------------|
| <b>Current receivables</b>                              |                |                |
| <b>Contractual</b>                                      |                |                |
| Inter hospital debtors                                  | 21             | 55             |
| Trade receivables                                       | 1,333          | 427            |
| Patient fees                                            | 466            | 358            |
| Allowance for impairment losses                         | (24)           | (24)           |
| Share of GRHA receivables                               | 973            | 225            |
| Accrued revenue                                         | 249            | 15             |
| Amounts receivable from governments and agencies        | 397            | -              |
| <b>Total contractual receivables</b>                    | <b>3,415</b>   | <b>1,056</b>   |
| <b>Statutory</b>                                        |                |                |
| GST receivable                                          | 272            | 208            |
| <b>Total statutory receivables</b>                      | <b>272</b>     | <b>208</b>     |
| <b>Total current receivables</b>                        | <b>3,687</b>   | <b>1,264</b>   |
| <b>Non-current receivables</b>                          |                |                |
| <b>Contractual</b>                                      |                |                |
| Long service leave - Department of Health               | 1,798          | 1,409          |
| <b>Total non-current receivables</b>                    | <b>1,798</b>   | <b>1,409</b>   |
| <b>Total receivables</b>                                | <b>5,485</b>   | <b>2,673</b>   |
| <i>(i) Financial assets classified as receivables</i>   |                |                |
| Total receivables                                       | 5,485          | 2,673          |
| GST receivable                                          | (272)          | (208)          |
| <b>Total financial assets classified as receivables</b> | <b>5,213</b>   | <b>2,465</b>   |

7.1

### How we recognise receivables

Receivables consist of:

- **Contractual receivables**, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The health service holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.
- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. The health service 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.

## Note 5.2 Investments and other financial assets

|                                                          | Capital Fund   |                | Total          |                |
|----------------------------------------------------------|----------------|----------------|----------------|----------------|
|                                                          | 2025<br>\$'000 | 2024<br>\$'000 | 2025<br>\$'000 | 2024<br>\$'000 |
| <b>Current</b>                                           |                |                |                |                |
| <b>Financial assets at amortised cost</b>                |                |                |                |                |
| Term deposits > 3 months                                 | 11             | 11             | 11             | 11             |
| <b>Total current financial assets</b>                    | <b>11</b>      | <b>11</b>      | <b>11</b>      | <b>11</b>      |
| <b>Non-current</b>                                       |                |                |                |                |
| <b>Financial assets at fair value through net result</b> |                |                |                |                |
| Equities                                                 | 2,767          | 2,952          | 2,767          | 2,952          |
| <b>Total non-current financial assets</b>                | <b>2,767</b>   | <b>2,952</b>   | <b>2,767</b>   | <b>2,952</b>   |
| <b>Total investments and other financial assets</b>      | <b>2,778</b>   | <b>2,963</b>   | <b>2,778</b>   | <b>2,963</b>   |
| <b>Represented by:</b>                                   |                |                |                |                |
| Health service investments                               | 2,778          | 2,963          | 2,778          | 2,963          |
| <b>Total investments and other financial assets</b>      | <b>2,778</b>   | <b>2,963</b>   | <b>2,778</b>   | <b>2,963</b>   |

### How we recognise investments and other financial assets

East Grampians Health Service's investments and other financial assets are made in accordance with Standing Direction 3.7.2 - Treasury Management, including the Central Banking System.

East Grampians Health Service manages its investments and other financial assets in accordance with an investment policy approved by the Board.

Investments are recognised when East Grampians Health Service enters into a contract to either purchase or sell the investment (i.e. when it becomes a party to the contractual provisions to the investment). Investments are initially measured at fair value, net of transaction costs.

East Grampians Health Service classifies its other financial assets between current and non-current assets based on the Board's intention at balance date with respect to the timing of disposal of each asset. Term deposits with original maturity dates of three to twelve months are classified as current, whilst term deposits with original maturity dates in excess of 12 months are classified as non-current.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement, are subject to annual review for impairment.

## Note 5.3 Payables

|                                                           | 2025<br>\$'000 | 2024<br>\$'000 |
|-----------------------------------------------------------|----------------|----------------|
| <b>Current payables</b>                                   |                |                |
| <b>Contractual</b>                                        |                |                |
| Trade creditors                                           | 1,652          | 1,839          |
| Accrued salaries and wages                                | 970            | 744            |
| Accrued expenses                                          | 377            | 326            |
| Amounts payable to governments and agencies               | 62             | 182            |
| Share of GRHA payables                                    | 40             | 457            |
| <b>Total current payables</b>                             | <b>3,101</b>   | <b>3,548</b>   |
| <i>(i) Financial liabilities classified as payables</i>   |                |                |
| Total payables                                            | 3,101          | 3,548          |
| <b>Total financial liabilities classified as payables</b> | <b>3,101</b>   | <b>3,548</b>   |

### How we recognise payables

Payables consist of:

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

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

- **Statutory payables**, including Goods and Services Tax (GST) payable 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.

### Note 5.4 Contract liabilities

|                                   | 2025<br>\$'000 | 2024<br>\$'000 |
|-----------------------------------|----------------|----------------|
| <b>Current</b>                    |                |                |
| Contract liabilities              | 2,966          | 1,490          |
| <b>Total contract liabilities</b> | <b>2,966</b>   | <b>1,490</b>   |

### How we recognise contract liabilities

Contract liabilities include consideration received in advance from DH in relation to an overpayment core funding for 2023/24 and Joint Venture Contract liabilities. The increase is due to the movement of Joint Venture Contract Liabilities. Refer to Note 8.6.

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

### Note 5.5 Other liabilities

|                                     | Note | 2025<br>\$'000 | 2024<br>\$'000 |
|-------------------------------------|------|----------------|----------------|
| <b>Current monies held in trust</b> |      |                |                |
| Patient monies                      |      | 45             | 53             |
| Refundable accommodation deposits   |      | 6,937          | 7,606          |
| Other monies                        |      | 254            | 252            |
| <b>Total other liabilities</b>      |      | <b>7,236</b>   | <b>7,911</b>   |
| <b>* Represented by:</b>            |      |                |                |
| - Cash assets                       | 6.2  | 6,960          | 7,632          |
|                                     |      | <b>6,960</b>   | <b>7,632</b>   |

### How we recognise other liabilities

#### Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to East Grampians Health Service upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

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

## Note 6 How we finance our operations

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

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

### Structure

#### 6.1 Borrowings

#### 6.2 Cash and cash equivalents

#### 6.3 Commitments for expenditure

#### Note 6.1 Borrowings

|                                     | Note   | 2025<br>\$'000 | 2024<br>\$'000 |
|-------------------------------------|--------|----------------|----------------|
| <b>Current borrowings</b>           |        |                |                |
| Lease liability                     | 6.1(a) | 460            | 292            |
| <b>Total current borrowings</b>     |        | <b>460</b>     | <b>292</b>     |
| <b>Non-current borrowings</b>       |        |                |                |
| Lease liability                     | 6.1(a) | 666            | 995            |
| <b>Total non-current borrowings</b> |        | <b>666</b>     | <b>995</b>     |
| <b>Total borrowings</b>             | 7.1    | <b>1,126</b>   | <b>1,287</b>   |

#### How we recognise borrowings

Borrowings refer to funds raised through lease liabilities.

Borrowings are classified as financial instruments. Interest bearing liabilities are classified at amortised cost and recognised at the fair value of the consideration received directly attributable to transaction costs and subsequently measured at amortised cost using the effective interest method.

#### Terms and conditions of borrowings

|                                    |      | Maturity Dates                       |                    |                   |                         |               |                         |                 |
|------------------------------------|------|--------------------------------------|--------------------|-------------------|-------------------------|---------------|-------------------------|-----------------|
|                                    |      | Weighted<br>average<br>interest rate | Carrying<br>Amount | Nominal<br>Amount | Less<br>than 1<br>Month | 1-3<br>Months | 3<br>months -<br>1 Year | Over 5<br>years |
| 30 June 2025                       | Note | (%)                                  | \$'000             | \$'000            | \$'000                  | \$'000        | \$'000                  | \$'000          |
| Lease liabilities                  | 6.1  | 3.93%                                | 1,126              | 1,155             | 48                      | 72            | 352                     | 683             |
| <b>Total Financial Liabilities</b> |      |                                      | <b>1,126</b>       | <b>1,155</b>      | <b>48</b>               | <b>72</b>     | <b>352</b>              | <b>683</b>      |

|                                    |      | Maturity Dates                       |                    |                   |                         |               |                         |                 |
|------------------------------------|------|--------------------------------------|--------------------|-------------------|-------------------------|---------------|-------------------------|-----------------|
|                                    |      | Weighted<br>average<br>interest rate | Carrying<br>Amount | Nominal<br>Amount | Less<br>than 1<br>Month | 1-3<br>Months | 3<br>months -<br>1 Year | Over 5<br>years |
| 30 June 2024                       | Note | (%)                                  | \$'000             | \$'000            | \$'000                  | \$'000        | \$'000                  | \$'000          |
| Lease liabilities                  | 6.1  | 4.25%                                | 1,287              | 1,344             | 26                      | 79            | 213                     | 504             |
| <b>Total Financial Liabilities</b> |      |                                      | <b>1,287</b>       | <b>1,344</b>      | <b>26</b>               | <b>79</b>     | <b>213</b>              | <b>504</b>      |

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

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

|                                                     | 2025<br>\$'000 | 2024<br>\$'000 |
|-----------------------------------------------------|----------------|----------------|
| Not longer than one year                            | 472            | 318            |
| Longer than one year but not longer than five years | 683            | 504            |
| Longer than five years                              | -              | 522            |
| <b>Minimum future lease liability</b>               | <b>1,155</b>   | <b>1,344</b>   |
| Less unexpired finance expenses                     | (29)           | (57)           |
| <b>Present value of lease liability</b>             | <b>1,126</b>   | <b>1,287</b>   |

### How we recognise lease liabilities

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

To apply this definition, East Grampians Health Service 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 East Grampians Health Service and for which the supplier does not have substantive substitution rights
- East Grampians Health Service 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 East Grampians Health Service has the right to direct the use of the identified asset throughout the period of use and
- East Grampians Health Service has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

East Grampians Health Service's lease arrangements consist of the following:

| Type of asset leased                  | Lease term   |
|---------------------------------------|--------------|
| Leased plant, equipment, and vehicles | 3 to 5 years |

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. East Grampians Health Service has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.3).

The following low value and short term lease payments are recognised in profit or loss:

|                                                 | 2025<br>\$'000 | 2024<br>\$'000 |
|-------------------------------------------------|----------------|----------------|
| Expenses relating to leases of low-value assets | 98             | 49             |
| <b>Total amounts recognised as expense</b>      | <b>98</b>      | <b>49</b>      |

### 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 East Grampians Health Services incremental borrowing rate. Our lease liability has been discounted by rates of 2%.

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

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

### 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.

East Grampians Health Service  
Notes to the Financial Statements  
For the Year Ended 30 June 2025

**Note 6.2 Cash and cash equivalents**

|                                               | <b>2025</b>   | <b>2024</b>   |
|-----------------------------------------------|---------------|---------------|
| <b>Note</b>                                   | <b>\$'000</b> | <b>\$'000</b> |
| Cash on hand (excluding monies held in trust) | 3             | 3             |
| Cash at bank (excluding monies held in trust) | 4,493         | 6,075         |
| Share of GRHA Cash at bank                    | 558           | 316           |
| <b>Total cash held for operations</b>         | <b>5,054</b>  | <b>6,394</b>  |
| Cash at bank (monies held in trust)           | 6,960         | 7,632         |
| <b>Total cash held as monies in trust</b>     | <b>6,960</b>  | <b>7,632</b>  |
| <b>Total cash and cash equivalents</b>        | <b>12,014</b> | <b>14,026</b> |

7.1

**Note 6.3 Commitments for expenditure**

|                                             | <b>Less than 1<br/>year</b> | <b>1-5 Years</b> | <b>Over 5 years</b> | <b>Total</b>  |
|---------------------------------------------|-----------------------------|------------------|---------------------|---------------|
| <b>30 June 2025</b>                         | <b>\$'000</b>               | <b>\$'000</b>    | <b>\$'000</b>       | <b>\$'000</b> |
| Capital expenditure commitments             | 377                         | -                | -                   | 377           |
| <b>Total commitments (inclusive of GST)</b> | <b>377</b>                  | <b>-</b>         | <b>-</b>            | <b>377</b>    |
| Less GST recoverable                        | 38                          | -                | -                   | 38            |
| <b>Total commitments (exclusive of GST)</b> | <b>339</b>                  | <b>-</b>         | <b>-</b>            | <b>339</b>    |

Commitments for expenditure in 2024 – nil.

**How we disclose our commitments**

**Expenditure commitments**

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

**Short term and low value leases**

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

## Note 7 Financial instruments, contingencies and valuation judgements

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

### Structure

#### 7.1 Financial instruments

#### 7.2 Contingent assets and contingent liabilities

#### 7.3 Fair value determination

#### 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 East Grampians Health Service's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

|                                                                 |      | Carrying<br>amount<br>\$'000 | Net<br>gain/(loss)<br>\$'000 | Total interest<br>income/<br>(expense)<br>\$'000 | Impairment<br>loss<br>\$'000 |
|-----------------------------------------------------------------|------|------------------------------|------------------------------|--------------------------------------------------|------------------------------|
| 30 June 2025                                                    | Note |                              |                              |                                                  |                              |
| <b>Financial assets at amortised cost</b>                       |      |                              |                              |                                                  |                              |
| Cash and cash equivalents                                       | 6.2  | 12,014                       | -                            | 832                                              | -                            |
| Receivables                                                     | 5.1  | 5,213                        | -                            | -                                                | -                            |
| Investments and other financial assets                          | 5.2  | 11                           | -                            | -                                                | -                            |
| <b>Financial assets at fair value through net result</b>        |      |                              |                              |                                                  |                              |
| Investments and other financial assets                          | 5.2  | 2,767                        | 13                           | 203                                              | -                            |
| <b>Total financial assets<sup>i</sup></b>                       |      | <b>20,005</b>                | <b>13</b>                    | <b>1,035</b>                                     | <b>-</b>                     |
| <b>Financial liabilities at amortised cost</b>                  |      |                              |                              |                                                  |                              |
| Payables                                                        | 5.3  | 3,101                        | -                            | -                                                | -                            |
| Borrowings                                                      | 6.1  | 1,126                        | -                            | -                                                | -                            |
| Other financial liabilities - Refundable Accommodation Deposits | 5.5  | 6,937                        | -                            | -                                                | -                            |
| Other financial liabilities - patient monies held in trust      | 5.5  | 45                           | -                            | -                                                | -                            |
| Other monies held in trust                                      | 5.5  | 254                          | -                            | -                                                | -                            |
| <b>Total financial liabilities<sup>i</sup></b>                  |      | <b>11,463</b>                | <b>-</b>                     | <b>-</b>                                         | <b>-</b>                     |
| 30 June 2024                                                    | Note | Carrying<br>amount<br>\$'000 | Net<br>gain/(loss)<br>\$'000 | Total interest<br>income/<br>(expense)<br>\$'000 | Impairment<br>loss<br>\$'000 |
| <b>Financial assets at amortised cost</b>                       |      |                              |                              |                                                  |                              |
| Cash and cash equivalents                                       | 6.2  | 14,026                       | -                            | 528                                              | -                            |
| Receivables                                                     | 5.1  | 2,465                        | -                            | -                                                | (1)                          |
| Investments and other financial assets                          | 5.2  | 11                           | -                            | -                                                | -                            |
| <b>Financial assets at fair value through net result</b>        |      |                              |                              |                                                  |                              |
| Investments and other financial assets                          | 5.2  | 2,952                        | 59                           | 185                                              | -                            |
| <b>Total financial assets<sup>i</sup></b>                       |      | <b>19,454</b>                | <b>59</b>                    | <b>713</b>                                       | <b>(1)</b>                   |
| <b>Financial liabilities at amortised cost</b>                  |      |                              |                              |                                                  |                              |
| Payables                                                        | 5.3  | 3,548                        | -                            | -                                                | -                            |
| Borrowings                                                      | 6.1  | 1,287                        | -                            | -                                                | -                            |
| Other financial liabilities - Refundable Accommodation Deposits | 5.5  | 7,606                        | -                            | -                                                | -                            |
| Other financial liabilities - patient monies held in trust      | 5.5  | 53                           | -                            | -                                                | -                            |
| Other monies held in trust                                      | 5.5  | 252                          | -                            | -                                                | -                            |
| <b>Total financial liabilities<sup>i</sup></b>                  |      | <b>12,746</b>                | <b>-</b>                     | <b>-</b>                                         | <b>-</b>                     |

<sup>i</sup> The carrying amount excludes statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable) and contract liabilities.

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### How we categorise financial instruments

#### Financial assets at amortised cost

Financial assets are measured at amortised cost 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 East Grampians Health Service solely to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

East Grampians Health Service recognises the following assets in this category:

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

#### Financial assets at fair value through net result

East Grampians Health Service initially designates a financial instrument as measured at fair value through net result if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or recognising the gains and losses on them, on a different basis
- it is in accordance with the documented risk management or investment strategy and information about the groupings was documented appropriately, so the performance of the financial asset can be managed and evaluated consistently on a fair value basis, or
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through net result is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

East Grampians Health Service recognises listed equity securities as mandatorily measured at fair value through net result and has designated all managed investment schemes as well as certain 5-year government bonds as fair value through net result.

### Categories of financial liabilities

#### 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.

East Grampians Health Service recognises the following liabilities in this category:

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

### 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
- East Grampians Health Service 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
- East Grampians Health Service 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 East Grampians Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of East Grampians Health Service's continuing involvement in the asset.

### Derecognition of financial liabilities

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

# East Grampians Health Service

## Notes to the Financial Statements

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

### Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

### Note 7.2 Contingent assets and contingent liabilities

At balance date, the Board are not aware of any contingent assets or liabilities.

### Note 7.3 Fair value determination

#### How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Property, plant and equipment
- Right-of-use assets and
- Investment properties.

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

#### Valuation hierarchy

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

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

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

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

#### Fair value determination: non-financial physical assets

AASB 2010-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities*. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

The last scheduled full independent valuation of all of East Grampians Health Service's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, East Grampians Health Service will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

For all assets measured at fair value, East Grampians Health Service considers the current use as its highest and best use.

# East Grampians Health Service

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### Non-specialised land, non-specialised buildings and investment properties

Non-specialised land, non-specialised buildings, investment properties and cultural assets are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value. From this analysis, an appropriate rate per square metre has been applied to 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.

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

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible.

For East Grampians Health Service, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

### Plant, equipment and Vehicles

Plant and equipment (including medical equipment, computers and communication equipment, furniture and fittings) are held at fair value. When plant and equipment is specialised in use, such that it is rarely sold, fair value is determined using the current replacement cost method.

Vehicles are valued using the current replacement cost method. East Grampians Health Service 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 experienced fleet managers in East Grampians Health Services who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

### **Significant assumptions**

Description of significant assumptions applied to fair value measurement:

| Asset class                   | Likely valuation approach         | Material inputs (Level 3 only)                           | Range (weighted average) <sup>(ii)</sup> |
|-------------------------------|-----------------------------------|----------------------------------------------------------|------------------------------------------|
| Specialised land              | Market approach                   | Community Service Obligations Adjustments <sup>(i)</sup> | 20%                                      |
| Specialised buildings         | Current replacement cost approach | Cost per square metre                                    | \$3500 - \$7,000                         |
|                               |                                   | Useful life                                              | 3 – 50 years                             |
| Plant, equipment and vehicles | Current replacement cost approach | Cost per unit                                            | \$1,000 - \$900,000                      |
|                               |                                   | Useful life                                              | 5 - 15 years                             |

<sup>i</sup> A community service obligation (CSO) of 20% was applied to the East Grampians Health Service's specialised land.

<sup>ii</sup> Illustration on the valuation techniques and significant assumptions and observable inputs are indicative and should not be used without consultation with the health services independent valuer.

## 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 Responsible persons disclosures

#### 8.2 Remuneration of executives

#### 8.3 Related parties

#### 8.4 Remuneration of auditors

#### 8.5 Events occurring after the balance date

#### 8.6 Joint arrangements

### Note 8.1 Responsible persons disclosures

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

|                                     | Period                          |
|-------------------------------------|---------------------------------|
| The Honourable Mary-Anne Thomas MP: |                                 |
| Minister for Health                 | 1 July 2024 – 30 June 2025      |
| Minister for Health Infrastructure  | 1 July 2024 - 19 December 2024  |
| Minister for Ambulance Services     | 1 July 2024 - 30 June 2025      |
| The Honourable Ingrid Stitt MP      |                                 |
| Minister for Mental Health          | 1 July 2024 - 30 June 2025      |
| Minister for Aging                  | 1 July 2024 - 30 June 2025      |
| The Honourable Lizzy Blandthorn MP: |                                 |
| Minister for Children               | 1 July 2024 - 30 June 2025      |
| The Honourable Melissa Horne MP     |                                 |
| Minster for Health Infrastructure   | 19 December 2024 - 30 June 2025 |
| <b>Governing Boards</b>             |                                 |
| Mr K Weldin (Chair of Board)        | 1 July 2024 – 30 June 2025      |
| Ms D Rybicki                        | 1 July 2024 – 30 June 2025      |
| Ms L Davidson                       | 1 July 2024 – 30 June 2025      |
| Ms S Burmeister-Abbott              | 1 July 2024 – 30 June 2025      |
| Mr K Peter                          | 1 July 2024 – 30 June 2025      |
| Ms M Shea                           | 1 July 2024 – 30 June 2025      |
| Ms K White                          | 1 July 2024 – 30 June 2025      |
| Mr C Evans                          | 1 July 2024 – 30 June 2025      |
| Mr C Montgomery                     | 1 July 2024 – 30 June 2025      |
| Ms E Leehane                        | 1 July 2024 – 30 June 2025      |
| <b>Accountable Officers</b>         |                                 |
| Mr N Bush (Chief Executive Officer) | 1 July 2024 – 30 June 2025      |

### Remuneration of Responsible Persons

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

| Income Band           | 2025<br>No | 2024<br>No |
|-----------------------|------------|------------|
| \$0 - \$9,999         | 10         | 9          |
| \$320,000 - \$329,999 | 1          | -          |
| \$330,000 - \$339,999 | -          | 1          |
| <b>Total Numbers</b>  | <b>11</b>  | <b>10</b>  |

|                                                                                                                        | 2025<br>\$'000 | 2024<br>\$'000 |
|------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| <b>Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:</b> | <b>378</b>     | <b>350</b>     |

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

#### Note 8.2 Remuneration of executives

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

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered. Accordingly, remuneration is determined on an accrual basis.

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

|                                                    | <b>Total Remuneration</b> |                |
|----------------------------------------------------|---------------------------|----------------|
|                                                    | 2025<br>\$'000            | 2024<br>\$'000 |
| Total remuneration <sup>i</sup>                    | 1,642                     | 1,482          |
| Total number of executives                         | 8                         | 6              |
| Total annualised employee equivalent <sup>ii</sup> | 6.4                       | 6.0            |

<sup>i</sup> The total number of executive officers includes persons who meet the definition of Material Management Personnel (KMP) of East Grampians Health Service under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3 Related Parties.

<sup>ii</sup> Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

#### Note 8.3 Related parties

The East Grampians Health Service is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

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

#### Significant transactions with government related entities

The East Grampians Health Service received funding from the DH of \$49.297m (2024: \$45.762m) and indirect contributions of \$193k (2024: \$109k). Balances outstanding as at 30 June 2025 are \$900k (2024: nil).

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

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

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

#### Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the East Grampians Health Service, directly or indirectly.

East Grampians Health Service  
Notes to the Financial Statements  
For the Year Ended 30 June 2025

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

| KMPs                   | Position Title     | KMPs            | Position Title                        |
|------------------------|--------------------|-----------------|---------------------------------------|
| Mr K Weldin            | Chair of the Board | Mr N Bush       | Chief Executive Officer               |
| Ms D Rybicki           | Board Member       | Mr P Armstrong  | Director of Clinical Services         |
| Ms S Burmeister-Abbott | Board Member       | Mr S Kerr       | Director of Support Services          |
| Mr K Peter             | Board Member       | Mr M Santilli   | Director of Development & Improvement |
| Ms L Davidson          | Board Member       | Mr T Roberts    | Director of Finance                   |
| Ms N Shea              | Board Member       | Ms S Woodburn   | Director of Community Services        |
| Ms K White             | Board Member       | Mr K Banerjee   | Director of Medical Services          |
| Mr C Evans             | Board Member       | Ms J Bishop     | Director of Development & Improvement |
| Mr C Montgomery        | Board Member       | Ms R Bloomfield | Director of Human Resources           |
| Ms E Leehane           | Board Member       |                 |                                       |

#### Remuneration of key management personnel

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

|                                        | 2025<br>\$'000 | 2024<br>\$'000 |
|----------------------------------------|----------------|----------------|
| Total compensation - KMPs <sup>i</sup> | 2,020          | 1,832          |

#### 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 occurs on terms and conditions consistent with the *Public Administration Act 2004* and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the East Grampians Health Service, there were no related party transactions that involved key management personnel, their close family members or 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 2025 (2024: none).

There were no related party transactions required to be disclosed for the East Grampians Health Service Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

#### Note 8.4 Remuneration of auditors

|                                           | 2025<br>\$'000 | 2024<br>\$'000 |
|-------------------------------------------|----------------|----------------|
| <b>Victorian Auditor-General's Office</b> |                |                |
| Audit of the financial statements         | 36             | 34             |
| <b>Total remuneration of auditors</b>     | <b>36</b>      | <b>34</b>      |

#### Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

East Grampians Health Service  
Notes to the Financial Statements  
For the Year Ended 30 June 2025

**Note 8.6 Joint arrangements**

|                                 | Principal Activity | Ownership Interest |      |
|---------------------------------|--------------------|--------------------|------|
|                                 |                    | 2025               | 2024 |
|                                 |                    | %                  | %    |
| Grampians Rural Health Alliance | ICT Systems        | 5.82               | 5.54 |

For the year ended 30 June 2025, East Grampians Health Service's share of the joint operations financials was:

|                                   | 2025<br>\$'000 | 2024<br>\$'000 |
|-----------------------------------|----------------|----------------|
| Total revenue and income          | 724            | 548            |
| Total expenses                    | (668)          | (538)          |
| Comprehensive result for the year | 56             | 10             |
| Total assets                      | 1,697          | 709            |
| Total liabilities                 | 1,390          | 457            |
| Total equity                      | 307            | 252            |

**Contingent liabilities and capital commitments**

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date. East Grampians Health Service is involved in joint arrangements where control and decision-making are shared with other parties. East Grampians Health Service has determined the entities detailed in the above table are joint operations and therefore recognises its share of assets, liabilities, revenues and expenses in accordance with its rights and obligations under the arrangement.

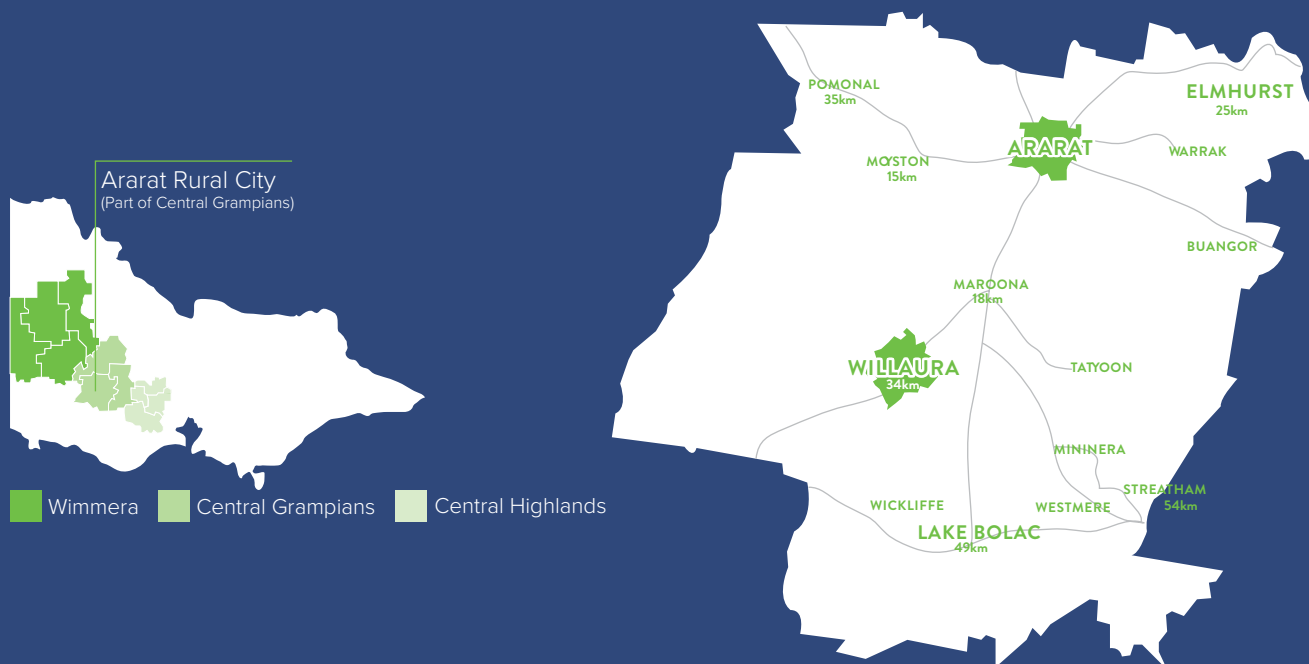
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## NOTES



East Grampians  
Health Service

## SITE DIRECTORY AND LOCATION MAPS



### EAST GRAMPIANS HEALTH SERVICE

PO Box 155  
Girdlestone Street, Ararat 3377

**P:** 03 5352 9300  
**F:** 03 5352 5676

**E:** [info@eghs.net.au](mailto:info@eghs.net.au)

**[www.eghs.net.au](http://www.eghs.net.au)**

### 70 LOWE STREET

Aged Care Facility  
70 Lowe Street, Ararat 3377  
**P:** 03 5352 9323

### GARDEN VIEW COURT

Lowe Street, Ararat 3377  
**P:** 03 5352 9324

### PATRICIA HINCHEY CENTRE

Girdlestone Street, Ararat 3377  
**P:** 03 5352 9326

### WILLAURA HEALTH CARE

Delacombe Way, Willaura 3379  
**P:** 03 5354 1600

### PARKLAND HOUSE

Delacombe Way, Willaura 3379  
**P:** 03 5354 1613



LEADERS IN RURAL HEALTH CARE