2025-26

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
Design & Layout:	Digital Outlaw
Photography:	Jodie Holwell
Printing:	Sovereign Press

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 2025-26 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.

Following our Annual General Meeting the Annual Report will be available on our website **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.

There are 225 people who identify as First Nations in the Ararat Local Government Area (LGA), consisting of 71 First Nations families (2021 Australian Bureau of Statistics Census). The median age was 30 years and 67% male. 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 2025 – 30 June 2026

Minister for Health
Minister for Ambulance Services
The Hon Mary-Anne Thomas MP
1 July 2025 to 15 April 2026

Minister for Health
Minister for Ambulance Services
Minister for Water
Hon Harriet Shing MP
15 April 2026 to 30 June 2026

Minister for Health Infrastructure
The Hon Melissa Horne MP
1 July 2025 to 30 June 2026

Minister for Mental Health
Minister for Ageing
The Hon Ingrid Stitt MP
1 July 2025 to 30 June 2026

Minister for Disability
Minister for Children
The Hon Lizzie Blandthorn
1 July 2025 to 30 June 2026

Board Director Professional Development 2025-26

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

Health Service Board Induction Program Session 1
Lisa Davidson

Health Service Board Induction Program Session 2
Megan Shea

Essential Director Update
Cameron Montgomery

Ballarat Health and Safety Month
Cameron Montgomery

Public Hospital and Multi Purpose Service Boards - Selection Committee Webinar
Cameron Montgomery

Public Hospitals & Multi-Purpose Service Board support huddle
Lisa Davidson

First Nations Cultural Training
Megan Shea

Financial literacy training
Cameron Evans
Megan Shea
Emma Leehane

AIHS National Safety Conference
Cameron Montgomery

VAGO Audit Committee Forum
Cameron Montgomery

Risk Management in the Public Sector Microcredential
Kym Peter

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 2026)

Chief Executive:	Nick Bush
Bankers:	Commonwealth Bank of Australia
Solicitors:	Health Legal
Auditors:	RSD Audit
Internal Auditors:	HLB Mann Judd



CHAIR

Cameron Evans *MBA*

Business Manager, Marian College Ararat

Director, Hexicor Telematics

Appointed: 01.07.21

Term of Appointment: 01.07.24 – 30.06.27

Committee Membership
Clinical Consultative
Governance
Grampians Local Health Service Network Chair's Committee



VICE CHAIR

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

Human Resources Consultant

Appointed: 01.07.23

Term of Appointment: 01.07.25 – 30.06.28

Committee Membership
Governance
Community Consultative



TREASURER

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 – 30.06.27

Committee Membership
Finance, Risk, Audit & Capital Development Governance Committee



BOARD DIRECTOR

Sybil Abbott-Burmeister *BA*

Business owner and operator

Appointed: 01.07.19

Term of Appointment: 01.07.25 – 30.06.28

Committee Membership
Building for the Future Foundation



BOARD DIRECTOR

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

Director of Nursing / Campus Manager-Casterton, Western District Health Service / Casterton Memorial Hospital

Appointed: 03.12.19

Term of Appointment: 01.07.24 – 30.06.27

Committee Membership
Finance, Audit, Risk & Capital Development 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
Finance, Audit, Risk & Capital Development



BOARD DIRECTOR

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

Secondary/Primary School Teacher, Education Consultant and Business Owner

Appointed: 01.07.23

Term of Appointment: 01.07.23 – 30.06.26

Committee Membership
Building for the Future Foundation
Community Consultative
Clinical Consultative



BOARD DIRECTOR

Emma Leehane *BTeach, GCert ComSvc*

Senior Lecturer - First Peoples Cultural Capabilities, Federation University Australia

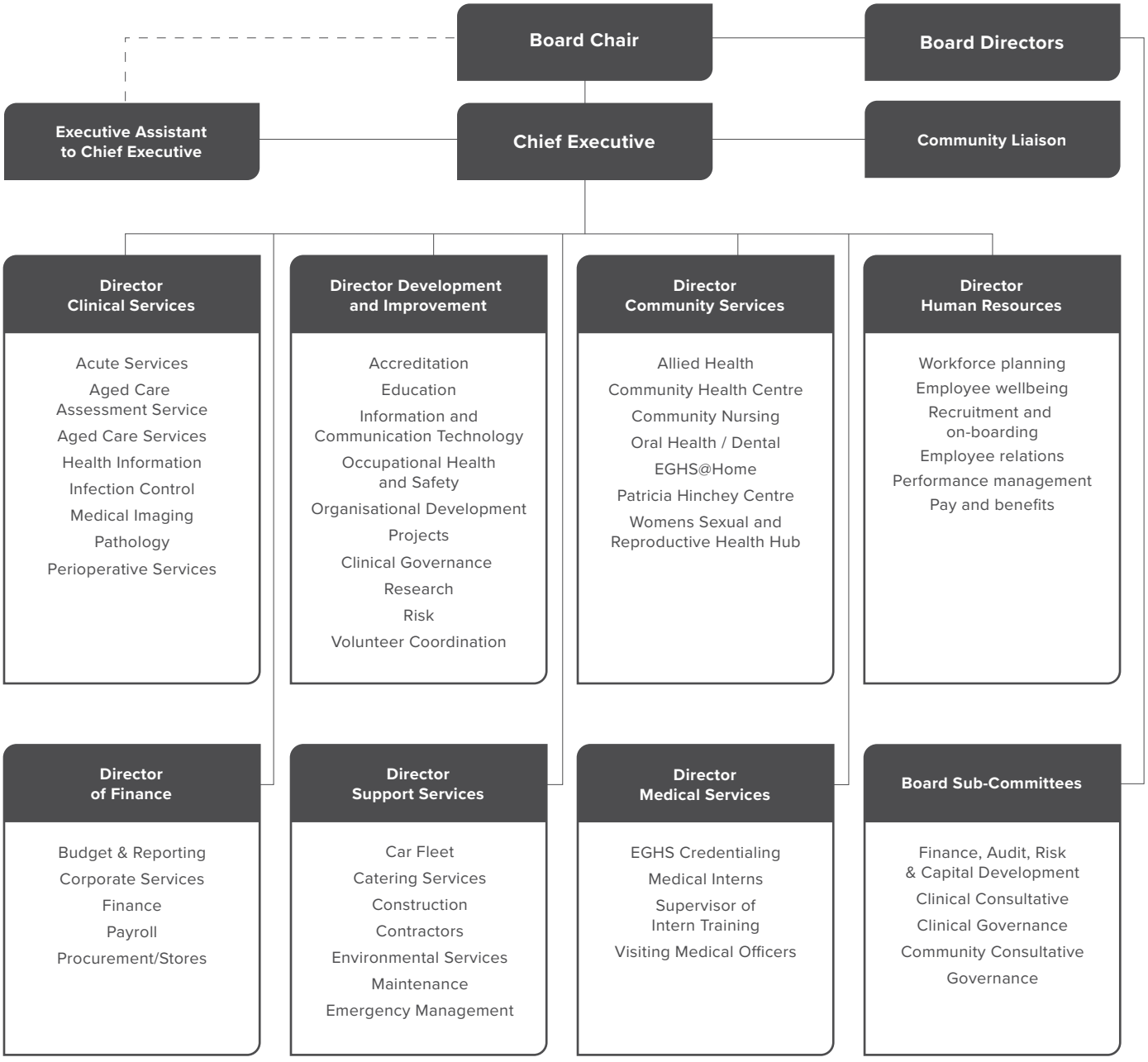
Appointed: 01.07.24

Term of Appointment: 01.07.24 – 30.06.27

Committee Membership
Community Consultative

MANAGEMENT STRUCTURE

ORGANISATIONAL STRUCTURE



EXECUTIVE TEAM (as at 30 June 2026)

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 East Grampians Health Service 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 COMMUNITY SERVICES

Sarah Woodburn

B AppSc (Pod), Grad Dip HSci (Ex.Rehab), Grad Cert Mgmt, Grad Cert HS Mgmt (Safety and Quality), 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 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 and Occupational Health and Safety (OHS). 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

Scott Wilson

Cert IV in Training and Assessment, Dip HR Man, Dip Mgmt and Dip Hosp

Appointed: 2025

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 HUMAN SERVICES

Roslyn Bloomfield

Cert IV Employment Services

Appointed: 2025

The Director of Human Resources is responsible for the effective leadership and management of organisational Human Resources including Gender Equality and Diversity, Workforce Planning, Recruitment, Performance Management, EFT Budgeting and Monitoring, Workcover and HR policy development.



DIRECTOR OF CLINICAL SERVICES

Rebecca Peters

RN, BN, GradCert Adv Prac Nurs (Rural & Remote), GradCertHAdmin, MHA

Appointed: 2025

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.

SENIOR STAFF

(as at 30 June 2026)

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*

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

Community Liaison Officer
Jodie Holwell *Graded Journalist - Editor*

FINANCIAL SERVICES

Director
Tony Roberts *BCom, Grad Dip ICAA*

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*

Acting Manager Training & Development
Lucy Mills *RN, Grad Cert Clinical Nursing (Gerontology), Grad Cert Acute Care Nursing (Emergency)*

Information Technology Consultant
Christopher Milloy *DipIT*

COMMUNITY SERVICES

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

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

Manager Womens Health
Tracey Walters *BNsg, BaHSc(Hons), Grad Dip Midw, Adv Dip Mgmt*

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

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

Business Manager / Practice Manager Dental
Amanda Kumnick

Manager EGHS@Home
Janelle Smith

SUPPORT SERVICES

Director
Scott Wilson *Cert IV in Training and Assessment, Dip HR Man, Dip Mgmt and Dip Hosp*

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
Rebecca Peters RN, BN, GradCert Adv Prac Nurse (Rural & Remote), GradCertHAdmin MHA

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 2026)

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 Thomas Fisher *MBBS (Melb), FRACS*

Mr Abrar Maqbool *MBBS, FRACS*

Mr Ahmed Naqeeb *MBBS, FRACS*

Dr Kontoku Shimokawa *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 Bardsley *MBBS, DRANZCOG, FRACGP, FRANZCOG*

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 Chantelle Stubna *MBBS, FRANZCOG*

Dr Simone Allen *BMedSci, MD, FRANZCOG*

NEPHROLOGY

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

Elaine Sanders *NP*

ORTHOPAEDIC SURGEON

Mr Scott Mason *MBBS, FRACS*

PALLIATIVE CARE

Dr Penny Cotton *MBBS, FACHPM*

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*

DIRECTOR OF OBSTETRICS

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

OBSTETRICIANS

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

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)*

Dr Patricia Boyd *MBChB, PGDipOMG, MMedSci, AdvDRANZCOG*

Dr Katie Milne *MBBS, FRACGP, AdvDRANZCOG*

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*

PAIN SPECIALIST

Dr Suran Dahnapala *MBBS, FANZC*

Dr Kiran Tippur *MBBS, FANZCA*

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 Sam Digby *MBBS, FRANZCR*

Dr Dan Arhanghelschi *MBBS, FRANZCR*

Dr Sean Sweeney *MBBS, FRANZCR*

VISITING DENTAL STAFF

Dr Charles Reid *BDSc (Liverpool)*

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 Faraz Ahmad *MBBS FRACGP*

Dr David Breed *MBBS, BPsych, FRACGP, FPS*

Dr Farhana Akter *MBBS, Anaesthetic Trainee (ACRRM, ANZCA) (GP Registrar)*

Dr Azaz Ul Haq *MBBS*

Dr Zeinab Sadeghi *MBBS*

Dr Ayomi Fernandp *MBBS*

Dr Chamini Senathunge *MBBS*

Dr Leon Ong *MBBS, RGA, JCCA, Anaesthetic Trainee (ACRRM) (GP Registrar)*

Dr Eddie Chen *MD (GP Registrar)*

Dr Hamish Clydesdale *MD (GP Registrar)*

Dr Jacinta Bui *MD (GP Registrar)*

URGENT CARE DOCTORS

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

Dr David Breed *MBBS, BPsych, FRACGP, FPS*

NATURE AND RANGE OF SERVICES

East Grampians Health Service 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

RESIDENTIAL 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
- Sexual and Reproductive Health
- Social Work
- Speech Pathology
- Womens Health

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
- First Nations Cultural Safety

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
2025-26

PART A: STRATEGIC PRIORITIES

In 2025-26 East Grampians Health Service (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 22)

INNOVATE AND IMPROVE ACCESS AND CARE

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

GOAL

Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.

HEALTH SERVICE DELIVERABLES

- Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes
- Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.
- Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.

OUTCOMES

The community remains central to all activities undertaken by EGHS. Our vision, *"To be leaders in rural health care,"* and our purpose, *"East Grampians Health Service will improve our community's health and quality of life through strong partnerships and by responding to changing needs,"* guide the organisation's strategic direction and daily operations. This commitment is further strengthened through the organisation's application of the Partnering in Healthcare Framework, which ensures that consumers, families, and carers are actively involved in shaping the care experience.

According to the most recent DoH Monitor, EGHS delivered 4.3% of admitted bed days at home, dramatically outperforming its target of 1.1%, and demonstrating strong leadership in innovative, person centred models of care.

Victorian Health Experience Survey (VHES)

Between January and March 2026, EGHS – Ararat recorded 20 aspects of care that were significantly higher than the Victorian average for Adult Inpatients.

The VHES shows that the people who use our services feel genuinely well cared for. The results reflect a strong sense of satisfaction, and they also show that consumers know how to share their feedback and feel confident doing so.

Every piece of feedback is personally acknowledged. The manager follows up with a phone call, and the Chief Executive provides a written response. Our "You said, we did" approach is a key feature of our Consumer Experience Boards, ensuring that people can clearly see how their voices lead to real improvements in care. The impact of this approach is clearly reflected in the most recent VHES results.

- 100% of respondents rated the care they received as very good or good, exceeding the 95% benchmark.
- 97.1% provided positive feedback regarding their transition from hospital to home, significantly above the 75% benchmark.

INNOVATE AND IMPROVE ACCESS AND CARE (CONT.)

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

GOAL

Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.

OUTCOMES

People Matter

EGHS has prioritised the enhancement of workplace culture by systematically responding to the findings of the People Matter Survey and the Workforce Plan report. Informed by this feedback, the organisation has implemented a suite of targeted initiatives and strengthened internal systems to support staff engagement, wellbeing and organisational performance. This structured, evidence based approach reflects EGHS's ongoing commitment to fostering a professional, respectful and high performing work environment.

Staff voices reinforce this progress. In the People Matter Survey, employees reported a strong and growing confidence in safety across the organisation, well above our comparator services. Their feedback reflects a culture where people look out for one another, raise concerns early and know their wellbeing is taken seriously. This is evidenced in the People Matter Survey results, which found EGHS ranked 4% higher than its comparators in organisational climate safety.

Collectively, these indicators highlight more than compliance. The results show a culture that is maturing, responsive and deeply people centred. EGHS is demonstrating what's possible when safety is not just a priority but a shared value, shaping a workplace where staff thrive and patients receive consistently safe, high quality care.

EGHS's commitment to safety is creating real change in the everyday experience of consumers and staff, by strengthening systems, listening to feedback and acting early on risks.

Other initiatives

- EGHS has developed and implemented the Just Cos Initiative, a pathway for staff to question practices that may be low-value and to explore whether they are truly benefiting our consumers. The initiative addresses a common challenge in healthcare: ensuring that everyday practices are supported by the best available evidence. This work was recently published in the International Journal of Quality in Healthcare with strong interest to expand this project throughout the region.
- The Partnering with Consumers and Community Consultative Committees play a vital role in ensuring the voices of consumers and the community inform decision-making, service planning and continuous improvement across the organisation.
- The 2026 Development & Improvement Clinical Governance Workplan includes a strategic action to embed consumer co-design as a core component of organisational decision-making.
- Employee Complaints and Grievances - SOPP 35.12 establishes a clear and structured framework for managing staff complaints, ensuring concerns are addressed fairly, consistently, and in accordance with organisational policy.
- Improvement on the Run training was delivered to staff in August 2025 to strengthen continuous improvement capability across the organisation. Building on this, a targeted training plan was developed in response to the outcomes of the Victorian Safety and Quality Capability Framework self-assessment, completed by managers in November 2025. The training plan was endorsed by the Improving Performance Committee in February 2026, providing a structured approach to enhancing organisational capability in safety, quality and improvement.
- EGHS recognises the importance for the health service to nurture strong partnerships with the local community and provide them with excellent care. Contributions and feedback are always welcomed and acted upon to improve the services offered. Systematic changes to processes and increased training have seen the current ratio of written compliments to complaints climb to approximately 10:1, higher than any health service we are aware of. We plan to implement an electronic complaints module to drive our performance and further improve.
- EGHS completed the Safer Care Victoria Clinical Governance Maturity Matrix Self-Assessment, identify many areas of strong performance and some areas for future strengthening.

INNOVATE AND IMPROVE ACCESS AND CARE

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

GOAL

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

HEALTH SERVICE DELIVERABLES

- Implement and scale theatre optimisation initiatives in planned surgery, for example same day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.
- Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).

OUTCOMES

The Perioperative Planning and Review Committee continues to drive the optimisation of theatre utilisation, efficiency and surgical throughput through ongoing monitoring and targeted service improvement initiatives. Current priorities include strengthening the self-sufficiency of locally managed surgical lists, particularly in orthopaedics, to enhance timely access to care for the community.

The Perioperative Planning and Review Committee continued to provide strategic oversight of EGHS-managed surgical waitlists, with a focus on meeting the priority healthcare needs of our community while strengthening organisational self-sufficiency. Throughout the year, the Committee progressed initiatives to improve local access to surgery, including ongoing advocacy to secure access to the Grampians Health Ballarat surgical waitlist through the visiting General Surgeon service. This initiative will enable suitable patients to be repatriated to EGHS, supporting timely care closer to home. Local patients on the orthopaedic waitlist were also prioritised, reinforcing EGHS's commitment to expanding local surgical activity, improving patient access, and delivering more care within the region.

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.

GOAL

Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.

HEALTH SERVICE DELIVERABLES

- Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.
- 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.
- Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.

OUTCOMES

EGHS's financial performance continues to stand out, delivering an operating surplus in 2024/2025 and tracking another in 2025/2026, exceeding DoH targets. Its Workforce Development Plan is strengthening organisational capability, supported by over $120,000 in annual scholarships from the EGHS Building for the Future Foundation to help staff build meaningful rural healthcare careers.

EGHS is maintaining strong financial performance while exceeding its Statement of Priorities KPIs. NWAU activity is tracking on target and is expected to finish the year at this level. EGHS is on track to deliver a small surplus.

Strengthening our understanding of the relationship between service activity and expenditure enables informed decision-making, supports effective financial stewardship, and enhances forecasting accuracy. Through monthly performance reviews and the implementation of targeted actions, we continue to monitor trends, optimise resource allocation, and improve organisational outcomes.

Maintaining the flexibility to respond to changing community needs across the full spectrum of health services remains a key priority. Service planning and resource allocation are informed by Prevention and Recovery Care (PARC) activity data and collaborative budget planning and monitoring processes, ensuring decisions are evidence-based and responsive to demand. This approach supports the delivery of sustainable, high-quality services while balancing current service requirements with future capability, preserving workforce skills and organisational capacity to meet the evolving healthcare needs of our community.

A STRONGER WORKFORCE

We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles

GOAL

Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.

HEALTH SERVICE DELIVERABLES

- **Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.**
- **Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.**

OUTCOMES

- EGHS continues to review and enhance workforce strategies to advance gender equality outcomes and ensure the organisation maintains a capable, future-ready workforce aligned with service needs.
- We continue to strengthen our partnership with the Building for the Future Foundation to enhance and sustain comprehensive employee support through annual scholarship programs, with scope for expansion in response to evolving workforce capability needs and service demand pressures.

  The EGHS's Building for the Future Foundation is playing a pivotal role in building our future workforce, providing strong and growing momentum through the establishment of two four-year scholarships (totalling $126,000) for EGHS staff accepted into the Rural Training Scheme (RTS) program, alongside the introduction of a new scholarship in partnership with a local business, further broadening access to professional development and career advancement opportunities.
- Actively participated in cross-organisational network groups supporting the enhancement, upgrade, and implementation of contemporary Human Resources Information Systems (HRIS) and human capital management platforms, including SAP and SuccessFactors, to strengthen system capability, integration, and workforce outcomes.
- EGHS's partnership with Deakin University has established the Rural Training Stream to address the historically low proportion of medical students from western Victoria. Driven by strong advocacy, the program enables medical students to commence their training in rural Victoria and prioritises candidates from rural backgrounds and local health workforce pathways.

  Now a permanent component of Deakin's medical program in Ararat, the RTS is strengthening the rural doctor pipeline by attracting students from rural regions and existing health workers, with a strong representation from MM3–MM5 communities. In 2026, 29 students are training locally, including several from high-need rural areas and current EGHS staff, directly supporting long-term workforce development in the region.
- The State Government invested $1.9 million for EGHS to build a purpose built practical education laboratory, giving students access to state of the art equipment, clinical training areas and exposure to simulations of high needs patients unseen at EGHS. Completed on time and under budget in September 2025, the facility is used by Deakin/Federation University, local schools and other health services. It will also support an upcoming AI research project, with demand for the space expected to grow as innovative teaching models expand.

IMPROVING ABORIGINAL HEALTH AND WELLBEING

Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.

GOAL

Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.

HEALTH SERVICE DELIVERABLES

- Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.
- Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.
- Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.

OUTCOMES

- EGHS continues to focus on improving cultural safety for First Nations people. This includes offering cultural safety training and a creating a welcoming environment through acknowledgement plaques and First Nations artwork. The completion of the native garden now provides a place for connection to surroundings and a celebration of First Nations culture.
- Significantly, a new model for providing culturally safe care was implemented. A First Nations Liaison Lead position directly employed by EGHS was created. The achievements under the new model have been exceptional with direct support hours for First Nations people increasing significantly. A First Nations midwifery clinic has been established, providing culturally safe maternity care to First Nations families.
- We continue to work on actions identified in our inaugural First Nations Employment Plan supporting First Nations staff to achieve their full potential, including an annual scholarship for training and development.
- The number of staff identifying as First Nations has doubled.
- We continue to work on engagement with First Nations communities and organisations, including greater participation in community events. The EGHS Family Day Care service was extended to Budja Budja staff as part of strengthened partnership approach. Budja Budja were also invited to join the EGHS hosted Corrections, Ambulance, Hospital, Fire, Psychiatry and Police (CAHFPP) Liaison Committee.
- Development of a dedicated Reconciliation Action Plan (RAP) is underway, with registration completed with Reconciliation Australia and Project Officer role currently being recruited.
- Systems are in place to improve identification of First Nations clients, with ongoing staff education and strengthened support for discharge planning and referral pathways through the First Nations Liaison Lead.

MOVING FROM COMPETITION TO COLLABORATION

We are committed to transforming Victoria's health system by partnering with care providers and health services to share knowledge, information, and resources.

GOAL

Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care, and more sustainable healthcare delivery.

HEALTH SERVICE DELIVERABLES

- Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).

OUTCOMES

EGHS, together with other health services across the region, has formally signed the Grampians Local Health Service Network Statement of Expectations, reinforcing a shared commitment to coordinated, high-quality and sustainable health service delivery across the Grampians region.

This Statement provides a clear framework for collaboration, accountability and system-wide alignment, ensuring that services are delivered in a way that strengthens integration across the network and supports consistent standards of care for the communities we serve.

EGHS Executive actively monitors and reports against the Statement of Expectations on a monthly basis through Board reporting. This regular reporting cycle ensures transparency, enables timely oversight by the Board, and supports continuous improvement in performance against agreed regional priorities. It also provides an important mechanism for identifying emerging issues, tracking progress, and strengthening alignment between EGHS operations and broader network objectives.

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%	98%
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	N/A
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%	99.7%
ABORIGINAL HEALTH		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	2%

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%	77%

**Changes to the 2025-26 Health Sector People Matter Survey has affected the 'Percentage of staff with an overall positive response to safety culture survey questions' measure. Historical results are not directly comparable and should be interpreted with consideration of a break in the time series.*

Timely access to care

KEY PERFORMANCE MEASURE	TARGET	OUTCOME
HOME BASED CARE		
Percentage of admitted bed days delivered at home	1.1%	4.5%

Effective financial management

KEY PERFORMANCE MEASURE	TARGET	OUTCOME
FINANCE		
Operating result ($m)	$0.00	0.22M
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.89
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	1.00%

PART C: ACTIVITY AND FUNDING

Activity and Funding

FUNDING TYPE	ACTIVITY
CONSOLIDATED ACTIVITY FUNDING	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	5,451
ACUTE ADMITTED	
National Bowel Cancer Screening Program NWAU	6
Acute admitted DVA	14
Acute admitted TAC	0
Other admitted	0
ACUTE NON-ADMITTED	
Home Enteral Nutrition	0.7
AGED CARE	
Residential Aged Care	27,700
HACC	3,730
PRIMARY HEALTH	
Community Health / Primary Care Programs	6,679

SOCIAL PROCUREMENT REPORTING

SOCIAL PROCUREMENT ACTIVITIES AND COMMITMENTS

REPORTING PERIOD	2025-26
REPORTING ENTITY	East Grampians Health Service
Overall social procurement activities	2025-26
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):	$131,944.94
Total number of contracts that include social procurement commitments:	1

2025-26 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	2025-26 (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[1] led by a mission for people with disability and BuyAbility Social Enterprises	$ (GST exclusive)	$131,944.94
		Number of Victorian social enterprises9 led by a mission for people with disability and Australian	Number	1

[1]*Victorian social enterprises certified by Social Traders*

FINANCIAL SUMMARY

East Grampians Health Service (EGHS) continued to grow its services in response to community demand in 2026. All major areas across the organisation being Acute Services, Urgent Care, Community-based Programs and Residential Aged Care saw increased activity.

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 $218k.

Our Health Service continued with its program of capital replacement and renewal this year with $4.18M of additions. This was made up of items of plant and equipment and building re-development. These purchases were funded by the DH 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 high quality care close to home.

DECLARATION IN REPORT OF OPERATIONS

Responsible Bodies Declaration as at 30 June 2026.

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 2026.



Cam Evans
Board Chair
East Grampians Health Service

1st September 2026

Parent Entity Comparative Financial Results for the Past Five Financial Years

FOR THE PAST FIVE FINANCIAL YEARS	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result	218	129	228	229	12
Total Revenue	82,786	76,370	70,424	65,482	54,828
Total Expenses	85,487	79,145	71,451	66,273	56,763
Net Result from Transactions	**-2,701**	**(2,775)**	**(1,027)**	**(791)**	**(1,935)**
Total other Economic Flows	100	(229)	(1,295)	20	1,448
Net Result	**-2,601**	**(3,004)**	**(2,322)**	**(770)**	**(487)**
Total Assets	90,220	90,018	90,818	79,565	77,476
Total Liabilities	28,922	26,119	23,915	20,575	17,716
Net Assets / Total Equity	**61,298**	**63,899**	**66,903**	**58,990**	**59,760**

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

	2026 $000
Net Operating Result	**218**
Capital purpose income	2,172
Specific income	0
Assets provided free of charge	na
Assets received free of charge	na
Expenditure for capital purpose	-236
Depreciation and amortisation	-4,827
Impairment of non-financial assets	na
Finance costs (other)	-28
Net result from transactions	**-2701**

CHAIR AND CHIEF EXECUTIVE REPORT



Throughout the 2025–26 financial year, we delivered a significant program of strategic initiatives and transformative projects that have strengthened our organisation, enhanced service delivery and improved health outcomes for our community.

This year, East Grampians Health Service welcomed Cameron Evans as Board Chair following the retirement of Ken Weldin, who concluded three years of dedicated leadership in the role. Having served as a Board Director since 2021, Mr Evans brings extensive expertise in governance, business and technology, providing strong strategic leadership as EGHS continues to evolve and meet the changing needs of its community.

Mr Evans is committed to building on the organisation's strong foundations, with a focus on supporting and developing the workforce, strengthening regional partnerships, expanding education and training opportunities, and ensuring the long-term sustainability of the health service. A passionate advocate for Ararat and the surrounding region, he is dedicated to ensuring EGHS continues to deliver high-quality, person-centred care while remaining responsive to the needs of the communities it serves, both now and into the future.

In 2025, Willaura Health Care and EGHS proudly celebrated the 90th anniversary of Willaura Hospital, commemorating nine decades of exceptional care, service and community connection. More than 100 guests attended the milestone celebration, reflecting on the hospital's rich history through historical displays and shared stories that honoured the dedication and generosity of generations of staff, volunteers and community members.

The occasion also recognised the extraordinary legacy of Dr Cyril Checchi and Dr Robin Handscombe, whose combined 90 years of service have made a profound and lasting contribution to the health and wellbeing of the Willaura community. The celebration concluded with the East Grampians Health Service Board reaffirming its commitment to the future of Willaura Health Care, including progressing the planned redevelopment to ensure the community continues to receive high-quality care for generations to come.

We were pleased when the Department of Health funded $3,425,000 for the first stage of the Willaura redevelopment.



INTEGRITY

WE VALUE INTEGRITY, HONESTY AND RESPECT IN ALL RELATIONSHIPS.

VICTORIAN HEALTH EXPERIENCE SURVEY RESULTS

The Jan-March 2026 Victorian Health Experience Survey (VHES) highlight a strong commitment to patient-centred care, with results exceeding the Victorian average across several key measures. Outstanding results were achieved in communication, patient involvement and discharge planning, reflecting the high quality of care provided to our community.

Aspect of care	EGHS	VIC	Difference
If you needed help communicating or understanding English, did staff arrange support for you?	100%	64.3%	35.7%
Was hospital food suitable for your dietary needs?	96.4%	62.5%	33.9%
Were you given or did you see any information about how to give feedback about the care you received (such as a compliment or complaint)?	91.2%	60.4%	30.8%
Before you left hospital, did staff give you or someone close to you useful information about managing your health and care at home?	98.1%	74.2%	23.9%
Did staff update you as much as you wanted about your care?	98.2%	75.3%	22.8%
Were you involved as much as you wanted to be in decisions about leaving hospital?	100%	77.5%	22.5%
Did staff talk to you about different options for your care?	83.4%	61.4%	22.0%
Were your family or someone close to you involved as much as you wanted them to be in decisions about your care?	97.9%	76.3%	21.7%

PEOPLE MATTERS SURVEY RESULTS

EGHS achieved a strong response to the 2026 People Matter Survey, with participation increasing by 14% and an overall response rate of 52%, exceeding the organisational target of 50%. Employee engagement remains positive, with 83% of staff reporting they are proud to work at EGHS and 81% agreeing that EGHS is a good place to work.

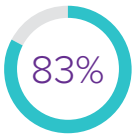
The 2026 survey was redesigned in partnership with Deakin University and public sector stakeholders to provide a more streamlined, user-friendly experience and more meaningful insights into workplace culture. Due to changes in survey methodology and question design, direct comparison with 2025 results is not possible.

The survey highlighted significant organisational strengths, including strong integrity and ethical practice, collaboration, meaningful work, alignment with organisational goals, high perceptions of service quality, effective use of employee skills, and a strong commitment to public service values.

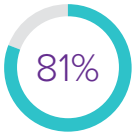
Overall, the survey confirms EGHS has an engaged and committed workforce with a strong foundation for delivering high-quality care. Continued focus on leadership capability, workforce wellbeing, psychological safety and employee engagement will support organisational performance, workforce sustainability and the delivery of safe, high-quality healthcare services.



Overall response rate



Of staff report they are proud to work at EGHS



Agree EGHS is a good place to work

CHAIR AND CHIEF EXECUTIVE REPORT

EXCELLENCE

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

$545,000 ENDOSCOPY SYSTEM INSTALLED AT HEALTH SERVICE

East Grampians Health Service secured a significant investment in patient care through a $545,187 Victorian Government Regional Health Infrastructure Fund grant to install state-of-the-art endoscopy equipment across both operating theatres.

The upgraded technology supports essential procedures, including colonoscopies and gastroscopies, providing enhanced image quality, improved efficiency and greater reliability than the previous system. The investment will increase procedure capacity, reduce waiting times and turnaround times, and support the earlier detection and treatment of disease, delivering better health outcomes for communities across the region.





AGED CARE INITIATIVES

My Aged Care's Federal Government assessments as of 4 May 2026 highlight the quality of care across our facilities, with Willaura Aged Care achieving an outstanding 5 star rating and 70 Lowe Street and Garden View Court each receiving strong 4 star ratings. Willaura Aged Care now ranks in the top 6% of residential aged care facilities nationwide, reflecting EGHS's commitment to ensuring residents live well, feel valued, and receive truly person centred care.

Willaura Aged Care

★★★★★

Ranked in the **top 6%** of residential aged care facilities nationwide

70 Lowe St

★★★★

Garden View Crt

★★★★

Garden View Court has shifted from a hotel style model to one that gives residents stronger day to day support, lifting registered nurse coverage from 28.46% in July 2024 to a consistent 100% through late 2025 and 2026.

At Willaura, merging the two aged care licences ensures residents receive the required care minutes and continuous Registered Nurse presence, strengthening safety, support and clinical oversight for every person in our care.

Willaura Health Care is trialling a Commonwealth funded onsite aged care pharmacist model, bringing a pharmacist into the facility each week to strengthen medication safety, improve continuity of care and give residents and staff immediate access to expert advice. Introduced following the Royal Commission into Aged Care, the program is already making a meaningful difference, with clinical teams seeing clearer communication, smoother transitions and safer medication management. With these early benefits, the model is now being explored for expansion to more EGHS aged care facilities, so residents can experience the same level of support.

COMMUNITY FOCUS

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

Enhancements to the First Nations Service have further strengthened culturally safe care. The appointment of a new First Nations Liaison Lead model led by a qualified midwife has contributed to a 100% increase in contacts, ensuring more comprehensive support for First Nations women and families. The impact of this service is reflected in community feedback, including one young mother who stated that she would not have been able to have her baby without the support of the First Nations Liaison Lead.

We continue to build on our cultural safety for First Nations people, including:

- Four 'Cultural Awareness' modules available within the Grampians Learning e-learning Hub
- Delivering cross-cultural awareness training to our Board Directors and our workforce.
- Completion of the Lowitja Institute Cultural Safety Audit tool, as a way of identifying our cultural safety strengths and areas for improvement.
- Updating our Acknowledgement of Country from a generic statement to one that specifically references the names of local First Nations groups.
- Developing our inaugural First Nations Employment Plan.
- Opening a native garden
- Seeking First Nations input to address racism, prioritise and promote cultural safety, transfer power and resources to communities.
- Refurbished a dedicated space for the First Nations Lead and clients that is culturally safe.





ONLINE HEALTH PROMOTION

EGHS continued to strengthen its connection with the community by sharing authentic stories, highlighting the people behind our care, and providing practical health and wellbeing information across our social media platforms.

Between July 2025 and June 2026, the EGHS Facebook community grew by 35%, with over 1,000 new followers joining the page.

Over the same period, EGHS Facebook content was **viewed more than 3.2 million times and generated over 25,000 interactions,** reflecting strong community engagement and trust in the services and people at the heart of EGHS.

CHAIR AND CHIEF EXECUTIVE REPORT

WORKING TOGETHER

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

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;

- Elmhurst and Lake Bolac Bush Nursing Centres for allied health and Support at Home service provision, governance and training support
- Budja Budja Aboriginal Co-operative (Ararat and Halls Gap) for allied health and dental service provision.
- Schools and early learning centres for Smile Squad and Smiles for Miles programs
- One Red Tree, Ararat Rural City Council and Grampians Community Health to advocate for more mental health services for Ararat.
- Organisations through Ararat Service Provider meeting, Increasing Reproductive Choices and Grampians Sector Development.

Our drive for excellence is grounded in the voices and experiences of our community. By sharing our learnings and innovations, EGHS supports other rural health providers to grow, adapt and deliver even better care for the people they serve.

EGHS continues to share its experiences with its work being selected for state and national conferences. This includes the Rural and Remote Health Scientific Symposium in Alice Springs (presenting on rural research placements) and the Rural Workforce Agency Victoria state conference (flexible family day care project, aged care staff wellbeing program).

The strong relationship between the health service and the GPs was praised by Federal Royal Australian College of General Practitioners (RACGP) President Dr Michael Wright to us, and even in his interview on 20 April 2026 on 3AW, following his visit to Ararat to meet with the Ararat Medical Centre officers and EGHS staff

To understand the long term impact of this shift, EGHS is preparing to partner with Deakin University's Health Transformation Institute. The shared hypothesis is simple but powerful: when primary care becomes genuinely universal, the health and wellbeing of the whole community improve. The recent DoH Program Report for Integrated Service Monitoring (PRISM) report indicates this, with urgent care/emergency presentations falling 5% from this time last year.

We were the only health service to do so amongst our seven comparators, whose figures are all increasing, and some over 20%.

East Grampians Health Service is building its in-home care through programs including Home Support services for clients under the Commonwealth Home Support Program (CHSP); Healthy@Home telehealth services and our Carer Support program, Home and Community Care Program for Younger People (HACC PYP), Support at Home Packages (SaH) and brokered services on behalf of other agencies including Post Acute Care (PAC) and other Support at Home providers.

EGHS@Home delivered **31,596 occasions** of service in the current financial year:

Category	Clients	No. of Services delivered YTD
CHSP Delivered Meals	60	3811
CHSP Home Support Services	456	7255
HACC PYP Services	28	780
HACC PYP Delivered Meals	3	101
Post Acute Care	69	255
Support at Home – External Provider	12	476
Support at Home – EGHS	76	4531
Hospital Transport	25	557
Support for Carers Program	62	1711
Healthy at Home – telehealth program	241	11625

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







LEARNING CULTURE

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

'GROW YOUR OWN'

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. This has resulted in locum use being under 1% of the nursing workforce which is unheard of in rural Victoria where there is a heavy reliance on agency staff.

EGHS is expanding local education pathways by supporting an iVET cluster across Ararat College, Marian College, Lake Bolac College and Stawell Secondary College, enabling students to complete the Certificate III in Health Service Assistance. With iVET endorsement, EGHS employs Health Service Assistants (HSAs) above standard staffing ratios, offering part time roles to students who have completed their first year, including three HSAs currently employed at 70 Lowe Street residential aged care home. EGHS runs two annual Work Experience programs, through which several local students have progressed to pursue careers in health.

The Federation TAFE Certificate III in Individual Support commenced in January 2026 with 12 students enrolled, while the onsite Diploma of Nursing continues with 17 Endorsed Enrolled Nurses finishing in October 2026. Over 60 nurses have come through this pathway, equivalent to 25% of our nursing workforce.

We have commenced an Allied Health Educator position to facilitate increased student placements, strengthen clinical education and supervision, foster partnerships with education providers, and increase the pipeline of students studying allied health professions, supporting the future sustainability of the allied health workforce.

DEAKIN UNIVERSITY – RURAL TRAINING STREAM (RTS) PARTNERSHIP

In 2020–21, fewer than 4% of Deakin's medical entrants came from western Victoria, an unacceptable figure that drove EGHS to demand change.

Extensive lobbying by EGHS led to the creation of the RTS, driven by clear evidence that rural origin students who live and train in their own communities are far more likely to practice as rural doctors.

In 2026, 15 second-year students and 14 first-year students are completing their studies in Ararat as part of the innovative RTS partnership. Of these students, six are from Horsham, a community experiencing significant doctor shortages; and three are current EGHS employees, directly supporting our 'Grow your Own'' workforce strategy.

Using the rurality measure, Modified Monash Model (MM), we can see that well over half of the students studying in Ararat come from MM3, MM4 and MM5 regions, all classified as rural areas. For context, Melbourne is classified as MM1 and Ballarat as MM2.

STATE-OF-THE-ART PRACTICAL LABORATORY OPENED AT EGHS

This year, the opening of EGHS's new Practical Laboratory marks an exciting milestone for healthcare education in the region. The purpose-built facility provides medical, nursing and allied health students with a modern, simulated hospital environment where they can safely develop and refine their clinical skills before entering the workforce. Shared by EGHS, Deakin University and Federation University, the laboratory will benefit undergraduate students on placement, Deakin's RTS Doctor of Medicine students and local secondary school students completing VET Health Services courses. By creating an outstanding learning environment, the Practical Laboratory is helping inspire and prepare the next generation of rural healthcare professionals while strengthening the future health workforce for the region.



EGHS has collaborated with Rural Workforce Agency Victoria (RWAV) to develop the Joint Statement on Strengthening the allied health pipeline and workforce in rural and regional Victoria (February 2026). This was followed by a forum with key stakeholders to identify and progress actions aimed at increasing the number of allied health professionals practising in rural and regional Victoria.

EGHS PARTNERSHIPS

Grampians Local Health Service Network

- 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:

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

CHAIR AND CHIEF EXECUTIVE REPORT

2025-26 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

- Shonna Stewart - Bachelor of Nursing
- Joshua Ramsdell - Bachelor of Nursing
- Kate Pitcher - Master of Leadership and Management in Healthcare

Joe Kapp Scholarship

- Leslie Pyke - Diploma in Leadership & Management
- Hannah Jennings - Impact Program
- David Romeril - Certificate IV in Leadership and Management

Epworth Healthcare Scholarship

- Bree Lowe - Graduate Diploma of Midwifery

Angela Laidlaw Clinical Scholarship

- Marnie Skiller - Graduate Certificate of Perioperative Nursing

Ord Family Scholarship

- Neen Neen Wai Ju - Graduate Certificate of Perioperative Nursing
- Angela Nagpal - Certificate IV in Human Resources Management







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 East Grampians Health Service.

Life Governors as at 30 June 2026

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

OUR COMMUNITY PARTNERS

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

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

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
3rd August 2026

Cameron Evans
Board Chair
3rd August 2026

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 2026)

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		JUNE YTD FTE	
	2026	**2025**	**2026**	**2025**
Nursing	165	161	163	153
Administration and Clerical	83	79	82	78
Medical Support	7	8	8	7
Hotel and Allied Services	115	112	112	111
Medical Officers	0	1	1	1
Hospital Medical Officers	9	10	9	9
Sessional Clinicians	2	2	2	1
Ancillary Staff (Allied Health)	18	24	22	22
TOTALS	**399**	**397**	**399**	**382**

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 2025, 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 2025-26.

Incidents for the year = 94 Incidents per FTE = 23.6

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	2025-26	2024-25	2023-24
The number of reported hazards/incidents for the year per 100 FTE	23.6	44.20	34.24
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.80	0.54	0.36
The average cost per WorkCover claim for the year ('000)	$19	$68	$59

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.*

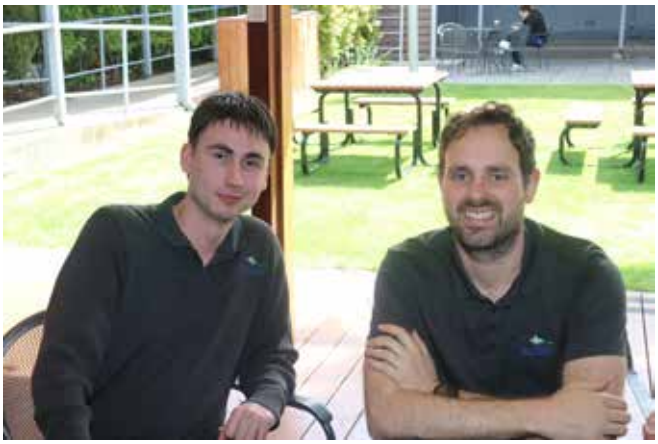
OCCUPATIONAL VIOLENCE

Occupational violence statistics	2025-26	2024-25
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	42	79
Number of occupational violence incidents reported per 100 FTE	10.6	20.7
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2%	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 2025-2026.
- 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.


Rooms 19 to 23
Physiotherapy











ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

Environmental Sustainability is a priority of East Grampians Health Service. 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-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Purchased	2,013.96	1,761.41	1,642.09
Self-generated	245.88	265.51	279.50
EL1 Total electricity consumption [MWh]	**2,259.84**	**2,026.92**	**1,921.59**
EL2 On site-electricity generated [MWh] segmented by:			
Consumption behind-the-meter			
Solar Electricity	245.88	265.51	279.50
Total Consumption behind-the-meter [MWh]	**245.88**	**265.51**	**279.50**
Exports			
Solar Electricity	11.58	-	-
EL2 Total On site-electricity generated [MWh]	11.58	265.51	279.50
Total Electricity exported (MWh)	**257.47**	**265.51**	**279.50**
EL3 On-site installed generation capacity [kW converted to MW] segmented by:			
Diesel Generator	0.84	0.84	0.84
Solar System	0.17	0.17	0.17
EL3 Total On-site installed generation capacity [MW]	**1.01**	**1.01**	**1.01**
EL4 Total electricity offsets segmented by offset type [MWh]			
RPP (Renewable Power Percentage in the grid)	1,755.63	-	-
RPP (Renewable Power Percentage in the grid)	360.70	322.40	308.03
EL4 Total electricity offsets [MWh]	**2,013.96**	**322.40**	**308.03**

STATIONARY ENERGY

F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Natural gas	8,256,773.50	7,651,403.00	7,997,239.30
LPG	1,025,085.70	962,668.10	1,070,322.70
F1 Total fuels used in buildings [MJ]	**9,281,859.20**	**8,614,071.10**	**9,067,562.00**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)			
Natural gas	425.47	392.44	412.10
LPG	62.12	58.34	64.86
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**487.59**	**450.78**	**476.96**

TRANSPORTATION ENERGY

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Executive fleet - Gasoline	166,906.20	341,993.50	410,400.10
Non-executive fleet - Gasoline	1,144,325.40	1,094,393.40	648,062.50
Petrol	**1,311,231.60**	**1,436,386.90**	**1,058,462.60**
Executive fleet - Diesel	155,561.90	231,611.80	231,599.90
Non-executive fleet - Diesel	302,635.10	270,188.50	232,689.00
Diesel	**458,197.00**	**501,800.30**	**464,288.90**
Total energy used in transportation (vehicle fleet) [MJ]	**1,769,428.60**	**1,938,187.20**	**1,522,751.50**

TRANSPORTATION ENERGY

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Road Vehicles Total	**52**	**52**	**55**
Passenger vehicles	**41**	**42**	**44**
Internal combustion engines - Petrol	(10) 19%	(14) 27%	(18) 33%
Internal combustion engines - Diesel / Biodiesel	(3) 6%	(7) 13%	(5) 9%
Range-extended electric vehicle - Hybrid	(26) 50%	(21) 40%	(21) 38%
Electric Vehicle (EV)	(2) 4%	0	0
Goods Vehicles Total (i.e buses/trucks)	**11**	**10**	**11**
Internal combustion engines - Petrol	(6) 12%	(5) 10%	(5) 9%
Internal combustion engines - Diesel / Biodiesel	(5) 10%	(5) 10%	(6) 11%
Range-extended electric vehicle - Hybrid	0	0	0
Electric Vehicle (EV)	0	0	0
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)			
Executive fleet - Gasoline	11.29	23.13	27.75
Non-executive fleet - Gasoline	77.38	74.00	43.82
Petrol	**88.67**	**97.13**	**71.57**
Executive fleet - Diesel	10.95	16.31	16.31
Non-executive fleet - Diesel	21.31	19.02	16.38
Diesel	**32.26**	**35.33**	**32.69**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**120.93**	**132.46**	**104.26**
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
Total distance travelled by commercial air travel	0	0	0
T(opt1) Total vehicle travel associated with entity operations [1,000 km]			
Total vehicle travel associated with entity operations [1,000 km]		Not mandatory for	
T(opt2) Greenhouse gas emissions from vehicle fleet (CO2-e(t) per 1,000 km)			
t CO2-e per 1,000 km		Not mandatory for	

TOTAL ENERGY USE

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Total energy usage from stationary fuels (F1) [MJ]	9,281,859.20	8,614,071.10	9,067,562.00
Total energy usage from transport (T1) [MJ]	1,769,428.60	1,938,187.20	1,522,751.50
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	**11,051,287.80**	**10,552,258.30**	**10,590,313.50**
E2 Total energy usage from electricity [MJ]			
Total energy usage from electricity [MJ]	8,135,413.87	7,296,921.31	6,917,711.65
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	8,135,414.00	2,116,491.13	2,115,113.72
Non-renewable (E1 + E2 - E3 Renewable)	11,051,287.67	15,732,688.48	15,392,911.43
E4 Units of Stationary Energy used normalised			
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	627.08	574.72	556.32
Energy per unit of LOS [MJ/LOS]	1,321.49	1,280.05	1,215.52
Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]	425.28	396.63	381.65
Energy per unit of Separations [MJ/Separations]	2,335.07	2,310.29	2,340.45
Energy per unit of floor space [MJ/m2]	1,121.96	1,024.93	1,029.71

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 2025-2026.

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 2025-2026.

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	4.5 Star
NABERS Water Rating - Ararat	6 Star	6 Star	4.5 Star
NABERS Energy - Willaura	5.5 Star	5.5 Star	5 Star
NABERS Water Rating - Willaura	3 Star	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-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Potable water [kL]	9,099.40	10,598.10	10,355.25
Total units of water consumed [kl]	**9,099.40**	**10,598.10**	**10,355.25**
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]	0.33	0.38	0.36
Water per unit of LOS [kL/LOS]	0.69	0.85	0.79
Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]	0.22	0.26	0.25
Water per unit of Separations [kL/Separations]	1.22	1.54	1.52
Water per unit of floor space [kL/m2]	0.59	0.68	0.67

WASTE AND RECYCLING

WR1 Total units of waste disposed of by waste stream and disposal method [kg]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Landfill (total)			
General waste - bins	4,475.50	4,900.00	7,510.00
General waste - skips	110,880.00	92,140.00	107,819.09
Offsite treatment			
Clinical waste - incinerated	1,765.08	1,622.53	1,287.80
Clinical waste - sharps	1,081.33	803.86	858.33
Clinical waste - treated	11,616.68	11,603.68	13,124.93
Recycling/recovery (disposal)			
Batteries	0.00	8.98	9.00
Blister Packs	112.32	112.32	0.00
Cardboard	6,105.00	7,920.00	10,750.69
Commingled	27,181.44	26,822.40	26,272.44
E-waste	207.00	120.00	278.00
Grease traps	1,140.00	1,140.00	1,339.50
Organics (garden)	22,119.00	14,090.00	11,568.00
Paper (confidential)	3,502.09	3,151.88	3,823.11
PVC	450.00	375.00	177.00
Total units of waste disposed [kg]	**190,635.44**	**164,810.64**	**184,817.90**
WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	60.51%	58.88%	62.40%
Offsite treatment			
Clinical waste - incinerated	0.93%	0.98%	0.70%
Clinical waste - sharps	0.57%	0.49%	0.46%
Clinical waste - treated	6.09%	7.04%	7.10%

WASTE AND RECYCLING

WR1 Total units of waste disposed of by waste stream and disposal method [%]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Recycling/recovery (disposal)			
Batteries	0.00%	0.01%	0.00%
Blister Packs	0.06%	0.07%	0.00%
Cardboard	3.20%	4.81%	5.82%
Commingled	14.26%	16.27%	14.22%
E-waste	0.11%	0.07%	0.15%
Grease traps	0.60%	0.69%	0.72%
Organics (garden)	11.60%	8.55%	6.26%
Paper (confidential)	1.84%	1.91%	2.07%
PVC	0.24%	0.23%	0.10%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream			
Printer cartridges	0.00%	0.00%	0.00%
Batteries	0.00%	0.00%	0.00%
e-waste	0.00%	0.00%	0.00%
Soft plastics	0.00%	0.00%	0.00%
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	2.38	2.06	2.37
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	0.30	0.30	0.31
Total waste recycled and reused per patient treated (kg recycled and reused)/PPT	1.26	1.14	1.11
WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	60,816.85	53,740.57	54,217.74
Weight of total waste [kg]	190,635.44	164,810.64	184,817.90
Recycling rate [%]	**31.90%**	**32.61%**	**29.34%**
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)			
t CO2-e	168.02	143.71	169.24

GREENHOUSE GAS EMISSIONS

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Carbon Dioxide	606.51	583.12	579.29
Methane	1.06	0.99	1.04
Nitrous Oxide	0.94	0.96	0.90
Total	**608.52**	**585.07**	**581.22**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**487.59**	**452.61**	**476.96**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**120.93**	**132.46**	**104.26**
Medical/Refrigerant gases			
Desflurane	1.37	0.91	1.79
Nitrous oxide	21.17	102.65	149.46
Refrigerant - R134A (HFC-134A)	0.46	0.00	0.52
Refrigerant - R22 (HCFC-22)	0.00	6.86	0.00
Refrigerant - R32 (HFC-32)	0.00	4.09	2.64
Refrigerant - R404A (HFC-404A)	44.91	20.33	20.90
Refrigerant - R410A (HFC-410A)	0.00	1.13	0.00
Sevoflurane	3.26	2.01	0.85
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**679.69**	**723.05**	**757.38**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)			
Electricity	1,349.61	1,161.99	1,080.03
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**1,349.61**	**1,161.99**	**1,080.03**

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.

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)			
Commercial air travel	0.00	0.00	0.00
Waste emissions (WR5)	168.02	143.71	169.24
Indirect emissions from Stationary Energy	237.01	207.85	186.95
Indirect emissions from Transport Energy	30.48	33.39	26.24
Paper emissions	15.05	8.66	7.51
Water emmissions	12.76	17.34	17.38
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**463.33**	**410.94**	**407.31**

ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

GREENHOUSE GAS EMISSIONS

G(Opt) Net greenhouse gas emissions (t CO2-e)	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**2,492.63**	**2,295.98**	**2,244.72**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e)/OBD)	0.06	0.06	0.05
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-1,615.18	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-1,532.89**	**-**	**0.00**
Any Offsets purchased	**-1,532.89**	**-**	**-**
Net greenhouse gas emissions [tonnes CO2e]	**959.74**	**2,295.98**	**2,244.72**

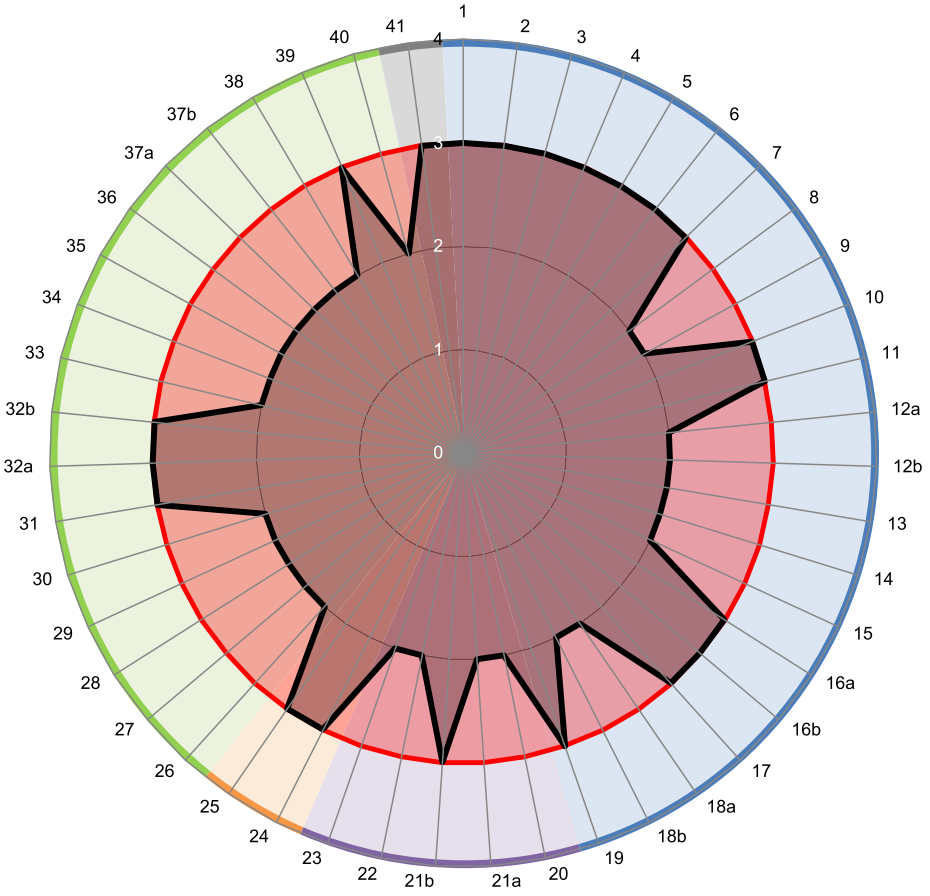
NORMALISATION FACTORS

	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24
1000km (Corporate)	623	641	489
1000km (Non-emergency)	0.00	0.00	0.00
Aged Care OBD	27,775.00	27,685.00	28,734.00
ED Departures	0.00	0.00	0.00
FTE	400.00	398.00	375.00
LOS	13,180.00	12,430.00	13,151.00
OBD	40,955.00	40,115.00	41,885.00
PPT	48,414.00	47,002.00	48,715.00
Separations	7,459.00	6,887.00	6,830.00
TotalAreaM2	**15,524.00**	**15,524.00**	**15,524.00**

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

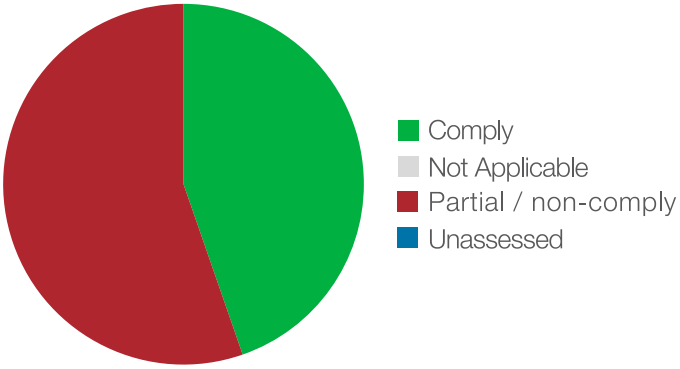


LEGEND

Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

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

1st September 2026

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

1st September 2026

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

I, Cam 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
Responsible Officer
East Grampians Health Service

1st September 2026

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

1st September 2026

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
Accountable Officer
East Grampians Health Service

1st September 2026

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.

Where a health service does own or control buildings:

Mechanisms to ensure that buildings conform with the building standards	Yes	Building Condition Assessment Essential Services Maintenance
Major works projects (greater than $50,000)	Yes	Practical Laboratory Expansion 70 Lowe Street – Stage 1 (Double rooms to single with ensuite)
The number of building permits, occupancy permits, or certificate of final inspection issued in relation to buildings owned by the department or entity		Building permits 2 Occupancy permits 2 Certificate of final inspection 2
Mechanisms for inspection, reporting, scheduling, and carrying out of maintenance works on existing buildings		
The number of emergency orders and building orders issued in relation to buildings	Nil	
The number of buildings that have been brought into conformity with building standards during the reporting period	Nil	

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 2025-26, 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 2025-26, 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 2025-26 is $2,960,472 (excluding numbers for OpEx and Capex) 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

Nil reports.

Grants and Transfer Payments

Not applicable – EGHS did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-26.

Review and Study Expenses

Not applicable.

Disclosure of Emergency Procurements

Not applicable – EGHS did not declare any Emergency Procurements in 2025-26

Disclosure of procurement complaints

Not applicable – EGHS did not receive any procurement complaints in 2025-26

FREEDOM OF INFORMATION

During 2025 2026, East Grampians Health Service received 36 applications. Of these requests, 0 were from a Member of Parliament, 0 from the media, and the remainder from the general public.

East Grampians Health Service made 36 FOI decisions during the 12 months ended 30 June 2026.

There were 36 decisions made within the statutory time periods.

Of the total decisions made, 36 granted access to documents in full, 0 granted access in part and 0 denied access in full. 0 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

During 2025 2026, 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 2020

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 2025 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 2025-26 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

or

The Ombudsman Victoria
Level 22, 459 Collins Street, Melbourne, 3000
Tel: 9613 6222 Toll free: 1800 806 314

In 2025-26 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
Report of Operations - FRD Guidance		
Charter and Purpose		
FRD 22	Manner of establishment and the relevant Ministers	03
FRD 22	Purpose, functions, powers and duties	03
FRD 22	Nature and range of services provided	10
FRD 22	Activities, programs and achievements for the reporting period	22
FRD 22	Significant changes in key initiatives and expectations for the future	11
Management and Structure		
FRD 22	Organisational structure	06
FRD 22	Workforce data/employment and conduct principles	32
FRD 22	Workforce Inclusion Policy	46
FRD 22	Occupational Health and Safety	32
Financial Information		
FRD 22	Summary of the financial results for the year	48
FRD 22	Significant changes in financial position during the year	FR
FRD 22	Operational and budgetary objectives and performance against objectives	FR
FRD 22	Subsequent events	FR
FRD 22	Details of consultancies over $10,000	45
FRD 22	Details of consultancies under $10,000	45
FRD 22	Disclosure of ICT expenditure	45
FRD 22	Asset Management Accountability Framework	43
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	20
	Disclosure of reviews and study expenses	46
	Disclosure of grants and transfer payments	46
FRD 22	Application and operation of *Freedom of Information Act 1982*	*46*
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	45
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	*46*
FRD 22	Statement on National Competition Policy	*45*
FRD 22	Application and operation of *Carers Recognition Act 2012*	*45*
FRD 22	Additional information available on request	47
FRD 24	Environmental data reporting	34
FRD 25	*Local Jobs First Act 2003* disclosures	46
Compliance Attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	45
SD 5.2.3	Declaration in Report of Operations	21
	Attestation on Data Integrity	44
	Attestation on managing Conflicts of Interest	44
	Attestation on Integrity, Fraud, and Corruption	44
	Compliance with Health Share Victoria (HSV) Purchasing Policies	44
Other reporting requirements		
Reporting of outcomes from Statement of Priorities 2025-26		11
Occupational Violence reporting		32
Gender Equality Act 2020		46
Reporting obligations under the *Safe Patient Care Act 2015*		46
Reporting of compliance regarding Car Parking Fees (if applicable)		45
Declaration		
SD 5.2.2	Declaration in financial statements	49

Legislation	Requirement	Page
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	49
SD 5.2.1(a)	Compliance with Standing Directions	49
SD 5.2.1(b)	Compliance with Model Financial Report	49
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	49
FRD 103	Non-Financial Physical Assets	63
FRD 110	Cash Flow Statements	54
FRD 112	Defined Benefit Superannuation Obligations	60
FRD 114	Financial Instruments – general government entities and public non-financial corporations	68
Legislation		
Freedom of Information Act 1982 (Vic) (FOI Act)		*46*
Building Act 1993		*45*
Public Interest Disclosures Act 2012		*46*
Carers Recognition Act 2012		*45*
Local Jobs Act 2003		*46*
Financial Management Act 1994 (b)		*44*

Additional information available on request

In accordance with FRD 22 and the Financial Management Act 1994, health services must include the following statement in the Report of Operations:

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.

The following information must be retained and made available upon request:

a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;

b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;

c) details of publications produced by the entity about itself, and how these can be obtained;

d) details of changes in prices, fees, charges, rates, and levies charged by the entity;

e) details of any major external reviews carried out on the entity;

f) details of major research and development activities undertaken by the entity;

g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;

i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;

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

l) details of all consultancies and contractors including:
   (i) consultants/contractors engaged;
   (ii) services provided; and
   (iii) expenditure committed to for each engagement

This information is available on request from:

Director of Finance
P: (03) 5352 9307 E: tony.roberts@eghs.net.au

FINANCIAL REPORT

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Financial Statements

Financial Year ended 30 June 2026

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 2026 and the financial position of East Grampians Health Service at 30 June 2026.

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 1 September 2026.

Board member

Cameron Evans
Chair
Ararat
1 September 2026

Accountable Officer

Nick Bush
Chief Executive Officer
Ararat
1 September 2026

Chief Finance & Accounting Officer

Tony Roberts
Chief Finance and Accounting Officer
Ararat
1 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of East Grampians Health Service

Opinion	I have audited the financial report of East Grampians Health Service (the health service) which comprises the: • balance sheet as at 30 June 2026 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • board member's, accountable officer's, and chief finance & accounting officer's declaration. In my opinion, the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2026 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards - Simplified Disclosures.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Financial Management Act 1994,* and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
4 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

East Grampians Health Service
Comprehensive Operating Statement
For the Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1(a)	64,996	58,462
Government Grants	2.1(b)	13,988	13,343
Other sources of income	2.1(c)	3,426	4,565
Total revenue and income from transactions		**82,410**	**76,370**
Expenses from transactions			
Employee expenses	3.1(a)	(60,019)	(56,257)
Supplies and consumables	3.1(c)	(11,502)	(10,136)
Depreciation	4.1(a)	(4,827)	(4,692)
Other operating expenses	3.1(d)	(9,139)	(8,060)
Total Expenses from transactions		**(85,487)**	**(79,145)**
Net result from transactions - net operating balance		**(3,077)**	**(2,775)**
Other economic flows included in net result			
Net gain on sale of non-financial assets		8	12
Net gain/(loss) on financial instruments		(9)	13
Other gain/(loss) from other economic flows		101	(254)
Total other economic flows included in net result		**100**	**(229)**
Net result		**(2,977)**	**(3,004)**
Comprehensive result		**(2,977)**	**(3,004)**

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

East Grampians Health Service
Balance Sheet
For the Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	13,479	12,014
Receivables	5.1	4,570	5,485
Investments and other financial assets		2,936	2,778
Total financial assets		**20,985**	**20,277**
Non-financial assets			
Prepayments		545	401
Inventories		100	98
Property, plant and equipment	4.1	65,850	66,502
Investment property		2,740	2,740
Total non-financial assets		**69,235**	**69,741**
Total assets		**90,220**	**90,018**
Liabilities			
Payables	5.2	4,330	3,101
Contract liabilities		2,231	2,966
Borrowings		1,885	1,126
Employee benefits	3.1(b)	12,450	11,690
Monies held in trust	5.3	8,402	7,236
Total liabilities		**29,298**	**26,119**
Net assets		**60,922**	**63,899**
Equity			
Reserves		57,473	58,019
Contributed capital		19,896	19,896
Accumulated deficit		(16,447)	(14,016)
Total equity		**60,922**	**63,899**

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

East Grampians Health Service
Cash Flow Statement
For the Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash Flows from operating activities			
Receipts from Government		69,943	64,592
GST received from ATO		2,147	1,737
Interest and investment income received		563	1,035
Other receipts		12,108	8,975
Total receipts		**84,761**	**76,339**
Payments to employees		(58,989)	(54,274)
Payments to suppliers and consumables		(11,108)	(10,512)
GST paid to ATO		(2,064)	(1,801)
Other payments		(8,903)	(8,170)
Total payments		**(81,064)**	**(74,757)**
Net cash flows from operating activities		**3,697**	**1,582**
Cash Flows from investing activities			
Proceeds from sale of non-financial assets		225	21
Purchase of non-financial assets		(3,314)	(3,030)
Purchase of financial assets		-	(202)
Redemption of financial assets		-	400
Capital donations and bequests received		53	189
Net cash flows used in investing activities		**(3,036)**	**(2,622)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(319)	(291)
Repayment of accommodation deposits		(1,952)	(3,545)
Receipt of accommodation deposits		3,075	2,864
Net cash flows from/(used in) financing activities		**804**	**(972)**
Net increase/(decrease) in cash and cash equivalents held		**1,465**	**(2,012)**
Cash and cash equivalents at beginning of year		12,014	14,026
Cash and cash equivalents at end of year	6.1	**13,479**	**12,014**

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 2026

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated (Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**53,442**	**4,780**	**19,896**	**(11,215)**	**66,903**
Net result for the year	-	-	-	(3,004)	(3,004)
Transfer from/(to) accumulated(deficit)	-	(203)	-	203	-
Balance at 30 June 2025	**53,442**	**4,577**	**19,896**	**(14,016)**	**63,899**
Net result for the year	-	-	-	(2,977)	(2,977)
Transfer from/(to) accumulated(deficit)	-	(546)	-	546	-
Balance at 30 June 2026	**53,442**	**4,031**	**19,896**	**(16,447)**	**60,922**

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

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 2026.

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).

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 1 September 2026.

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.

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

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	64,996	58,462
Government grants	2.1(b)	13,988	13,343
Other sources of income	2.1(c)	3,426	4,565
Total revenue and income from transactions		**82,410**	**76,370**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	39,144	35,144
Government grants (Commonwealth) - Operating	17,422	16,002
Patient and resident fees	8,152	7,064
Commercial activities	278	252
Total revenue from contracts with customers	**64,996**	**58,462**

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. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
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.

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) Government grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	12,192	11,737
Government grants (State) - Capital	1,796	1,606
Total other sources of income	**13,988**	**13,343**

How we recognise Government grants

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 or 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 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Assets received free of charge or for nominal consideration		107	621
Share in joint venture operating activities	8.6	830	724
Other income from operating activities		1,759	2,185
Non-operating activities		730	1,035
Total other sources of income		**3,426**	**4,565**

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

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	60,019	56,257
Supplies and consumables	3.1(c)	11,502	10,136
Other operating expenses	3.1(d)	9,139	8,060
Total expenses incurred in the delivery of services		**80,660**	**74,421**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	44,318	41,715
Superannuation expense [(i)]	4,866	4,340
Agency expenses	4,259	4,011
Fee for service medical officer expenses	6,576	6,191
Total employee expenses	**60,019**	**56,257**

[(i)] Defined contribution superannuation expense and defined benefit superannuation expense have been combined.

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.

Note 3.1(b) Employee-related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	160	137
Annual leave	4,529	4,283
Long service leave	5,322	5,032
Provision for on-costs	1,362	1,147
Total current provisions for employee benefits	**11,373**	**10,599**
Non-current provisions for employee benefits		
Long service leave	944	956
Provision for on-costs	133	135
Total non-current provisions for employee benefits	**1,077**	**1,091**
Total provisions for employee benefits	**12,450**	**11,690**

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. The on-costs provision is immaterial in 2026.

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	2,796	2,287
Medical and surgical supplies (including Prostheses)	3,241	3,007
Diagnostic and radiology supplies	1,615	1,372
Other supplies and consumables	3,850	3,470
Total supplies and consumables	**11,502**	**10,136**

How we recognise 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.

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Low value lease expenses	763	585
Fuel, light, power and water	770	675
Finance costs	28	32
Communication and IT	2,192	2,046
Repairs and maintenance	921	757
Maintenance contracts	532	540
Medical indemnity insurance	571	587
Share of GRHA information and technology	807	643
Other administration expenses	2,555	2,195
Total other operating expenses	**9,139**	**8,060**

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.

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(b)) 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.

Significant judgement – Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 7.3 in connection with how those fair values were determined.

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value	2,254	2,254	-	-	2,254	2,254
Buildings at fair value	62,801	60,027	(7,090)	(3,514)	55,711	56,513
Works in progress at cost	475	1,681	-	-	475	1,681
Plant, equipment and vehicles at fair value	18,572	16,407	(11,162)	(10,353)	7,410	6,054
Total property, plant and equipment	**84,102**	**80,369**	**(18,252)**	**(13,867)**	**65,850**	**66,502**

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 $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**2,254**	**56,513**	**1,681**	**6,054**	**66,502**
Additions	-	-	1,571	2,821	4,392
Disposals	-	-	-	(217)	(217)
Net transfers between classes	-	2,777	(2,777)	-	-
Depreciation	-	(3,579)	-	(1,248)	(4,827)
Balance at 30 June 2026	**2,254**	**55,711**	**475**	**7,410**	**65,850**

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) 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 has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026.

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.

	2026	2025
Buildings	5 to 50 years	5 to 50 years
Plant, equipment and vehicles (including leased assets)	3 to 20 years	3 to 20 years

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 Payables
5.3 Other liabilities

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		107	21
Trade receivables		559	1,333
Patient fees		793	466
Allowance for impairment losses		(24)	(24)
Share of GRHA receivables		173	973
Accrued revenue		311	249
Amounts receivable from governments and agencies		-	397
Total contractual receivables		**1,919**	**3,415**
Statutory			
GST receivable		189	272
Total statutory receivables		**189**	**272**
Total current receivables		**2,108**	**3,687**
Non-current receivables			
Contractual			
Long service leave - Department of Health		2,462	1,798
Total non-current receivables		**2,462**	**1,798**
Total receivables		**4,570**	**5,485**
(i) Financial assets classified as receivables			
Total receivables		4,570	5,485
GST receivable		(189)	(272)
Total financial assets classified as receivables	7.1	**4,381**	**5,213**

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 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		1,626	1,652
Accrued salaries and wages		1,139	970
Accrued expenses		1,061	377
Amounts payable to governments and agencies		453	62
Share of GRHA payables		51	40
Total current payables		**4,330**	**3,101**
(i) Financial liabilities classified as payables			
Total payables		4,330	3,101
Total financial liabilities classified as payables	7.1	**4,330**	**3,101**

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.

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Patient monies		36	45
Refundable accommodation deposits		8,060	6,937
Other monies		306	254
Total other liabilities		**8,402**	**7,236**
*** Represented by:**			
- Cash assets	6.1	8,061	6,960
		8,061	**6,960**

How we recognise monies held in trust

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 2024*.

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 Cash and cash equivalents

Note 6.1 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		3	3
Cash at bank (excluding monies held in trust)		3,556	4,493
Share of GRHA Cash at bank		1,859	558
Total cash held for operations		**5,418**	**5,054**
Cash at bank (monies held in trust)		8,061	6,960
Total cash held as monies in trust		**8,061**	**6,960**
Total cash and cash equivalents	7.1	**13,479**	**12,014**

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*.

30 June 2026	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost					
Cash and cash equivalents	6.1	13,479	-	564	-
Receivables	5.1	4,381	-	-	-
Investments and other financial assets		12	-	-	-
Financial assets at fair value through net result					
Investments and other financial assets		2,924	(9)	166	-
Total financial assets [i]		**20,796**	**(9)**	**730**	**-**
Financial liabilities at amortised cost					
Payables	5.2	4,330	-	-	-
Borrowings		1,885	-	(28)	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	8,060	-	-	-
Other financial liabilities - patient monies held in trust	5.3	36	-	-	-
Other monies held in trust	5.3	306	-	-	-
Total financial liabilities [i]		**14,617**	**-**	**(28)**	**-**

30 June 2025	Note	Carrying amount	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost					
Cash and cash equivalents	6.1	12,014	-	832	-
Receivables	5.1	5,213	-	-	-
Investments and other financial assets		11	-	-	-
Financial assets at fair value through net result					
Investments and other financial assets	5.3	2,767	13	203	-
Total financial assets [i]		**20,005**	**13**	**1,035**	**-**
Financial liabilities at amortised cost					
Payables	5.2	3,101	-	-	-
Borrowings		1,126	-	(32)	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	6,937	-	-	-
Other financial liabilities - patient monies held in trust	5.3	45	-	-	-
Other monies held in trust	5.3	254	-	-	-
Total financial liabilities [i]		**11,463**	**-**	**-**	**-**

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

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).

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
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment, with the exception of right-of-use assets arising under AASB 16, which are measured using the cost model
- 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 2022-10 *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 2026 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.

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

Non-specialised land, non-specialised buildings and investment properties 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) [i] [ii]
Specialised land	Market approach	Community Service Obligations Adjustments [i]	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

[i] A community service obligation (CSO) of 20% was applied to the East Grampians Health Service's specialised land.
[ii] 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 2025 – 14 April 2026
Minister for Ambulance Services	1 July 2025 – 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 – 30 June 2026
Minister for Ambulance Services	15 April 2026 – 30 June 2026
The Honourable Melissa Horne MP	
Minister for Health Infrastructure	1 July 2025 – 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 – 30 June 2026
The Honourable Ingrid Stitt MP	
Minister for Mental Health	1 July 2025 - 30 June 2026
Minister for Ageing	1 July 2025 - 30 June 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2025 - 30 June 2026
Minister for Disability	1 July 2025 - 30 June 2026
Governing Boards	
Mr C Evans (Chair of Board from 16 September 2025)	1 July 2025 – 30 June 2026
Mr K Weldin (Chair of Board to 16 September 2025)	1 July 2025 – 16 September 2025
Ms D Rybicki	1 July 2025 – 9 December 2025
Ms L Davidson	1 July 2025 – 30 June 2026
Ms S Burmeister-Abbott	1 July 2025 – 30 June 2026
Mr K Peter	1 July 2025 – 30 June 2026
Ms M Shea	1 July 2025 – 30 June 2026
Ms K White	1 July 2025 – 30 June 2026
Mr C Montgomery	1 July 2025 – 30 June 2026
Ms E Leehane	1 July 2025 – 30 June 2026
Accountable Officers	
Mr N Bush (Chief Executive Officer)	1 July 2025 – 30 June 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	9	10
$10,000 - $19,999	1	-
$320,000 - $329,999	-	1
$340,000 - $349,999	1	-
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	393	378

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.

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	1,574	1,642
Total number of executives	9	8
Total annualised employee equivalent [ii]	6.7	6.4

[i] 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.

[ii] 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 Rural 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 government related entities of $70.9m (2025: $64.5m) and indirect contributions of $107k (2025: $193k). Balances outstanding as at 30 June 2026 are $2.46m (2025: $2.1m).

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.

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 C Evans	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 T Roberts	Director of Finance
Ms L Davidson	Board Member	Ms S Woodburn	Director of Community Services
Ms M Shea	Board Member	Ms J Bishop	Director of Development & Improvement
Ms K White	Board Member	Ms R Bloomfield	Director of Human Resources
Mr K Weldin	Board Member	Ms R Peters	Director of Clinical Services
Mr C Montgomery	Board Member	Mr K Banerjea	Director of Medical Services'
Ms E Leehane	Board Member	Mr S Wilson	Director of Support Services

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.

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	1,967	2,020

(i) KMP are also reported in Note 8.1 Responsible Persons or Note 8.2 Remuneration of Executives

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 2026 (2025: 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 2026 (2025: none).

Note 8.4 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	37	36
Total remuneration of auditors	**37**	**36**

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Grampians Rural Health Alliance	ICT Systems	5.98	5.82

For the year ended 30 June 2026, East Grampians Health Service's share of the joint operations financials was:

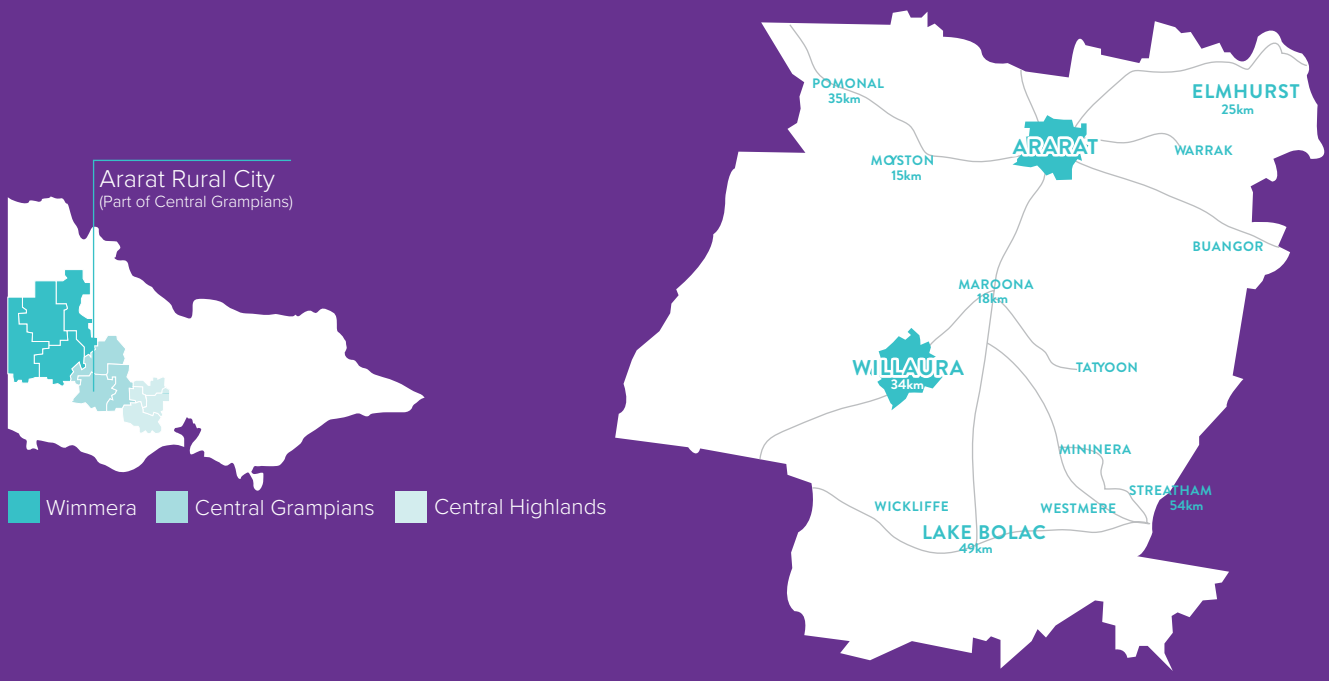
	2025 $'000	2025 $'000
Total revenue and income	830	724
Total expenses	(833)	(668)
Comprehensive result for the year	(3)	56
Total assets	2,219	1,697
Total liabilities	1,906	1,390
Total equity	313	307

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.

East Grampians Health Service

SITE DIRECTORY AND LOCATION MAPS



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