

ANNUAL REPORT 2024-25



**Grampians
Health**

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Grampians Health acknowledges the Traditional Custodians of the lands on which we operate, the Wadawurrung, Djab wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples, and their connections to land, waterways and community.

We pay our respects to their Elders past, present and emerging, and extend this to all First Nations peoples today. Grampians Health recognises and values the contributions that First Nations peoples make in our society. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.



Grampians Health embraces the rich diversity of Australian culture and stands in support of all individuals, regardless of cultural background or sexuality. We recognise that enhancing the wellbeing of people with disability and neurodivergent individuals requires collaborative and tailored responses that reflect their varied needs and challenge ableism. Grampians Health is committed to providing inclusive services and an inclusive working environment. We believe in safe and accessible healthcare for everyone.



Grampians Health recognises all people with a lived experience of trauma, neurodiversity, mental ill health and substance use or addiction, and their families, carers and supporters. This recognition extends to the clinical and non-clinical workforces that support people with lived experience.



Grampians Health acknowledges the terrible impact of family violence on women, families and communities, and the strength and resilience of victim survivors, including children, who have experienced, or are currently experiencing, family violence. We pay respects to those who did not survive and to their family members and friends. Grampians Health stands in solidarity with all victims and commits to taking action for a future free from violence.

About us

Grampians Health is dedicated to delivering comprehensive and accessible healthcare solutions to our diverse population.

Committed to the wellbeing of individuals, families, and communities, Grampians Health prioritises effective prevention and health promotion strategies. Through a collaborative approach, we aim to strengthen the capacity of the communities we serve, ensuring equitable access to high-quality care, closer to home.

With a focus on innovation and compassion, we strive to be at the forefront of healthcare excellence, fostering a healthier and thriving Grampians region.

Serving a population of over 250,000 residents across 48,500 square kilometres, we understand the need for continuous care growth and improvement, and we are committed to addressing life expectancy disparities, reducing cancer-related premature mortality rates, and tackling the rising rates of poor mental health. We also strive to address alcohol-related harm, obesity, and First Nations health disparities.

We are dedicated to delivering a wide range of services, spanning from pregnancy and birth to palliative care and organ donation.

Innovative care is at the core of our approach. Using a mix of mobile and remote services, staffing at partner facilities, and robust collaborations with health services across the entire Grampians region, we value and invest in our skilled workforce, providing ongoing training and development opportunities.

Grampians Health was formed on 1 November 2021, through the amalgamation of Edenhope and District Memorial Hospital, Stawell Regional Health, Wimmera Health Care Group and Ballarat Health Services, following approval from the Minister for Health under the *Victorian Health Services Act 1988*.

This Annual Report covers the period from 1 July 2024 to 30 June 2025 and is prepared for the Minister for Health, the Parliament of Victoria, and the Grampians Health community, in accordance with government and legislative requirements and financial reporting directives.

During this period Grampians Health was accountable, through its Board of Directors, to:

**Minister for Health
Minister for Ambulance Services**

The Hon. Mary-Anne Thomas
1 July 2024 to 30 June 2025

Minister for Health Infrastructure

The Hon. Mary-Anne Thomas
1 July 2024 to 19 December 2024

The Hon. Melissa Horne
19 December 2024 to 30 June 2025

**Minister for Mental Health
Minister for Ageing**

The Hon. Ingrid Stitt
1 July 2024 to 30 June 2025

**Minister for Disability
Minister for Children**

The Hon. Lizzie Blandthorn
1 July 2024 to 30 June 2025

Our campuses



Grampians Health is made up of five main campuses – Ballarat, Dimboola, Edenhope, Horsham and Stawell – and a number of satellite sites from which we operate.

While some of our consumer services are campus-specific, many services reach across multiple campuses and the wider Grampians region.

Grampians Health wide – Grampians Public Health Unit (GPHU), First Nations Health Team, Disability Liaison Office, corporate and support services, volunteers, fundraising, community engagement

Ballarat – emergency, acute care, aged care communities, maternity, allied health, palliative care, primary health, dental, radiology and diagnostics, specialist outpatients, cancer care, mental health, surgical services, community services, gynaecology, parenting and children's services, clinical research

Dimboola – acute care, allied health, aged care community, medical centre, telehealth, day centre

Edenhope – urgent care, acute care, aged care community, Rural Outreach program, community centre, Health and Wellbeing Hub, telehealth, community services, medical clinic

Horsham – emergency, acute care, aged care communities, maternity, Community Options, allied health, medical clinic, primary health, day centre, dental clinic, radiology, cancer care, surgical services

Stawell – urgent care, acute care, medical centre, aged care community, X-ray and radiology, cancer care, surgical services, telehealth, community services, allied health, community rehabilitation

Year in Review

Board Chair & Chief Executive

Reflecting upon this past year, it is a privilege to note the continued growth of Grampians Health and the progress that has been made in delivering high-quality, connected care across the communities we serve.

Whether it's increasing services, sharing resources and knowledge, improving infrastructure or streamlining systems and processes, our greatest asset – our workforce – continues to make meaningful strides towards our overarching goal of delivering the **right care, at the right time, in the right place**. Together, we are focused on reducing barriers to accessing care and providing care closer to home.

As always, we are guided by the Grampians Health Strategic Plan and this year we released the 2025–29 iteration, setting a clear direction for the next five years and focusing on three key priorities: **Our Care, Our People,** and **Our Partners**.

Our care

Collaboration continues to be a cornerstone of our approach to care. Since our formation, the integration of shared resources and expertise across campuses has delivered significant outcomes.

We now have paediatricians providing services across the region, Stawell and Horsham receiving geriatrician visits, Stawell offering its own haematology clinic, and our Dimboola, Edenhope, Horsham, and Stawell campuses benefitting from coordinated allied health care, where professionals including physiotherapists and speech pathologists work together to deliver consistent, comprehensive services across the region.

Our commitment to world-class cancer care across the region recognises the importance of providing timely treatment and support for this pervasive disease. During the year we saw over 20,000 oncology or haematology appointments booked in total at our Ballarat, Horsham and Stawell campuses combined.

Our cancer care nurses at these sites continue to deliver specialised support and this year we

welcomed two additional McGrath Cancer Care Nurses to our dedicated cancer team.

This year we introduced a new fasting protocol, 'Sip Til Send', which allows patients to drink small amounts of clear liquid up until being taken to surgery. Endorsed by the Victorian Department of Health (through Safer Care Victoria) and the Australian and New Zealand College of Anaesthetists, Sip Til Send safely prioritises patient comfort and has the potential to reduce post-operative complications.

We also achieved several key infrastructure milestones, including the opening of a second operating theatre in Stawell and the completion of the first building in the Ballarat Base Hospital redevelopment. Across all campuses, we continue to review, adapt, and upgrade services to ensure they remain responsive, sustainable, and fiscally responsible.

Our people

Those who choose to forge a career at Grampians Health are central to all that we achieve, and this year we were pleased to see a 3% increase in staff numbers. Our workforce brings with it a huge depth of experience and great diversity, with our new team members this year hailing from 40 different countries.

Recognising our cultural diversity, in Edenhope we held our first Cultural Fusion event. This vibrant celebration brought staff and community together to honour the diverse backgrounds that enrich our health service. Ahead of the release of our Intercultural Action Plan in the second half of 2025, the event showcased the power of connection and belonging, reinforcing our values of respect and inclusivity and highlighting our positive work culture.

Alongside this, we continue to mark National Reconciliation Week and NAIDOC Week as meaningful opportunities to reflect on our commitment to reconciliation and to celebrate the rich history and culture of First Nations peoples.

International recruitment and leadership development are helping us build a future-ready team. Examples of this include:

- Dimboola welcoming five international registered nurses and four onshore enrolled nurses in permanent roles, making a considerable difference to the continuity of care provided locally.
- Horsham welcoming an orthopaedic surgeon and anaesthetist from the UK. The duo are leading an Enhanced Recovery after Surgery program for joint replacement procedures, which will result in earlier discharges for those undergoing hip and knee replacement.

Each year we celebrate our exceptional staff as they reach extraordinary years of service. In 2024-25 we had 510 staff celebrate ten or more years of service.

Upon reaching their 40 year milestone, staff are recognised as Life Governors of Grampians Health. Life Governorship is bestowed on people who have made a substantial difference to our health service, through community service, philanthropy, or other valued contributions. At the end of 2024 we awarded 27 Life Governorships for 40 years of service. We also named eight community Life Governors from across the Grampians region for their significant support.

Throughout 2024 we also celebrated the 150th anniversary of Horsham's Wimmera Base Hospital—a remarkable milestone that highlights the hospital's enduring legacy and profound impact on the Wimmera region. Our celebrations culminated in a special gathering for past and present staff, volunteers, board members, Life Governors, and long-time supporters of the hospital.

The dedication and resilience of our staff has never been more evident than at the start of 2025, when a bushfire in the Little Desert National Park threatened the Dimboola township. We commend our local team who, along with the wider aged care communities team and the Dimboola community, rallied to protect the Dimboola Nursing Home and ensure our residents were cared for safely, and local staff supported during this very stressful time. This selfless show of commitment exemplifies the strength of our values and the deep care we have for those we serve.

Our partners

We value partnerships which allow us to improve outcomes for our consumers.

In response to the rapidly evolving landscape of healthcare technology, during the year we launched a pilot program to enhance our workforce digital capabilities. The Digital Health Skills project—delivered in partnership with RMIT and Cisco—provided essential skills in areas such as generative Artificial Intelligence (AI), cybersecurity, and digital decision-making. These are designed to improve efficiency, strengthen data security, and increase adaptability to emerging technologies.

Improving our digital literacy is a key step in preparing our workforce for the introduction of an Electronic Medical Record (EMR) system.

EMRs are a critical tool that enables clinicians and staff to access, manage, and document patient information in real time, supporting safer, more coordinated care delivery. We have partnered with St Vincent's Hospital Melbourne to carry out a readiness assessment that will shape how we roll out a shared EMR across Grampians Health.

Our research partnerships are incredibly important to us, and over the year we have seen significant growth in the breadth and depth of research across our health service. This has meant increased diversity in research focus areas and stronger integration of research into everyday clinical practice.

Our clinical trials would not exist without the selfless contributions of the participants, and we are eternally grateful for this. Celebrating International Trials Day in May, we honoured the people who make medical research possible with a morning tea attended by around 100 participants, carers and family.

For our aged care team, a Single Assessment Service has been introduced across Australia, which simplifies the process for individuals to access aged care. In partnership with Barwon Health and Bendigo Health, we are now managing aged care assessments for the western Victoria area. This aligns with the recommendations of the Royal Commission into Aged Care Quality and Safety.

Looking ahead

As we move towards 2026, we will be introducing enhanced care for young families including a new maternity model of care at Horsham—the Midwifery Antenatal Postnatal Service (MAPS)—designed to offer greater continuity and support for mothers throughout pregnancy and beyond.

We continue to strengthen paediatric care across the region through our support of the award-winning 'By Five Paediatric Service'. This locally designed, nationally recognised model delivers timely, community-based care via Telehealth, improving access and building local capacity. The collaboration showcases the impact of place-based leadership in rural healthcare.

We also remain focused on improving the patient's journey through care (patient flow) from the moment they arrive in our Emergency Department, until the time they leave. This work brings all areas of care together to foster a calmer, safer hospital environment through proven strategies across departments, wards, and operational systems.

Complementing this is our pilot project currently underway to create a culturally safe Emergency Department. This project has been made possible through a Western Alliance Rapid Translation Grant and received funding from the Medibank Better Health Research Hub (MBHRH). It is aimed at ensuring ED visits are culturally safer for First Nations people in the Ballarat region.

Our thanks

We pay tribute to the dedication, compassion, and commitment of our incredible staff and volunteers. Their tireless efforts are the foundation of everything we do and we are deeply grateful for the care they provide to our communities across the Grampians region.

We are also forever indebted to our generous donors, for actively supporting Grampians Health and our mission to improve health care regionally. Fundraising dollars have financed projects that may not have otherwise come to fruition, or purchased new equipment that wouldn't have been possible otherwise. Importantly, all money raised locally stays

local, giving assurance to our donors that their much-appreciated contributions are truly helping their fellow community members.

It is important for us to acknowledge the role our Board of Directors plays in guiding the health service, with special mention to our departing board members this year, Bill Brown, Marie Aitken and Meghraj Thakkar. All three have been with us since Grampians Health's inception. We welcome our new Chair, the Honourable Rob Knowles AO, who brings with him a huge depth of experience in health and aged care at many levels.

A special mention goes to our board member Heather Pickard, who was awarded King's Birthday Honours in 2025 for her outstanding service and dedication to our communities.

Finally, the Board acknowledges the outstanding and dedicated leadership and management by the CEO and his Executive team that has enabled the results set out in this Report.

In accordance with the *Financial Management Act 1994*, we are pleased to present the Report of Operations for Grampians Health for the period ending 30 June 2025.



Dale Fraser
Chief Executive
Officer



Hon. Rob Knowles AO
Board Chair



2024-25 at a glance

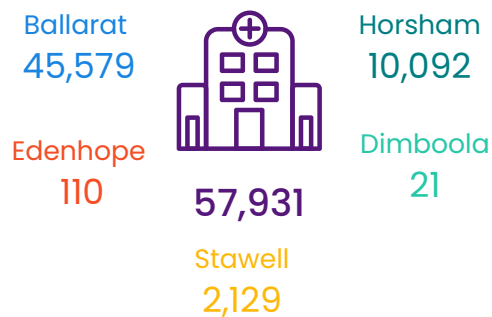
Emergency presentations



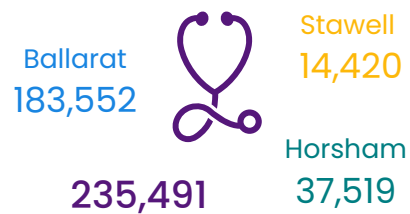
Urgent Care presentations



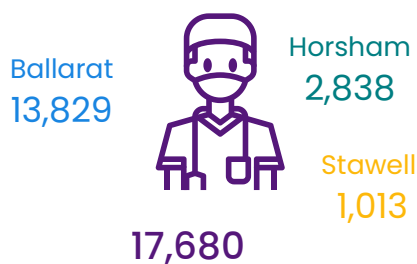
Admissions to hospital



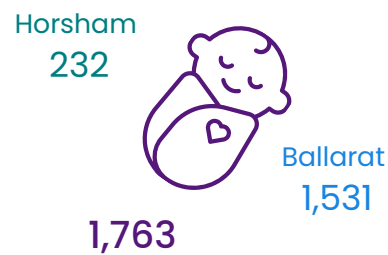
Outpatient appointment/clinics



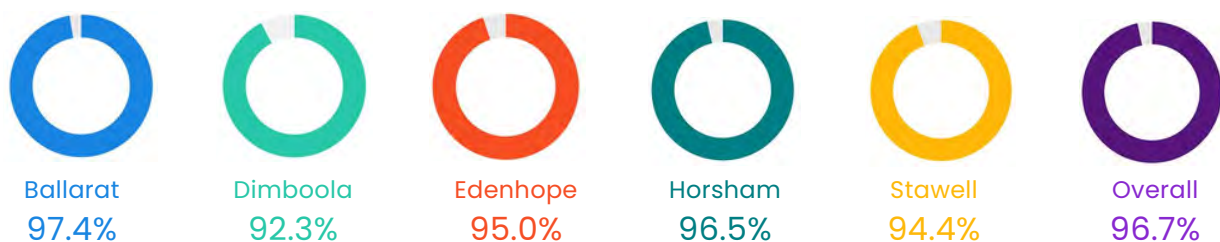
Surgeries



Births

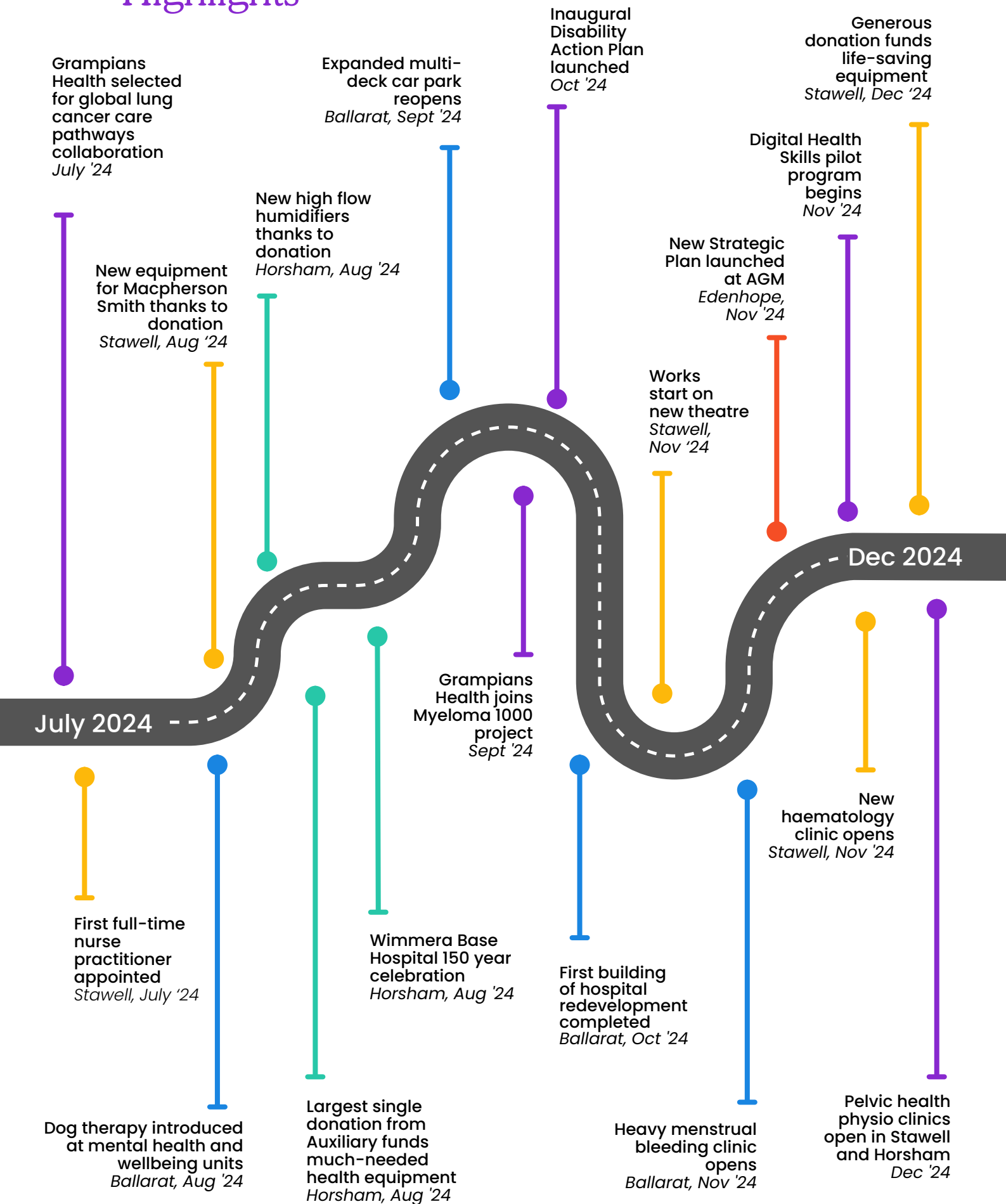


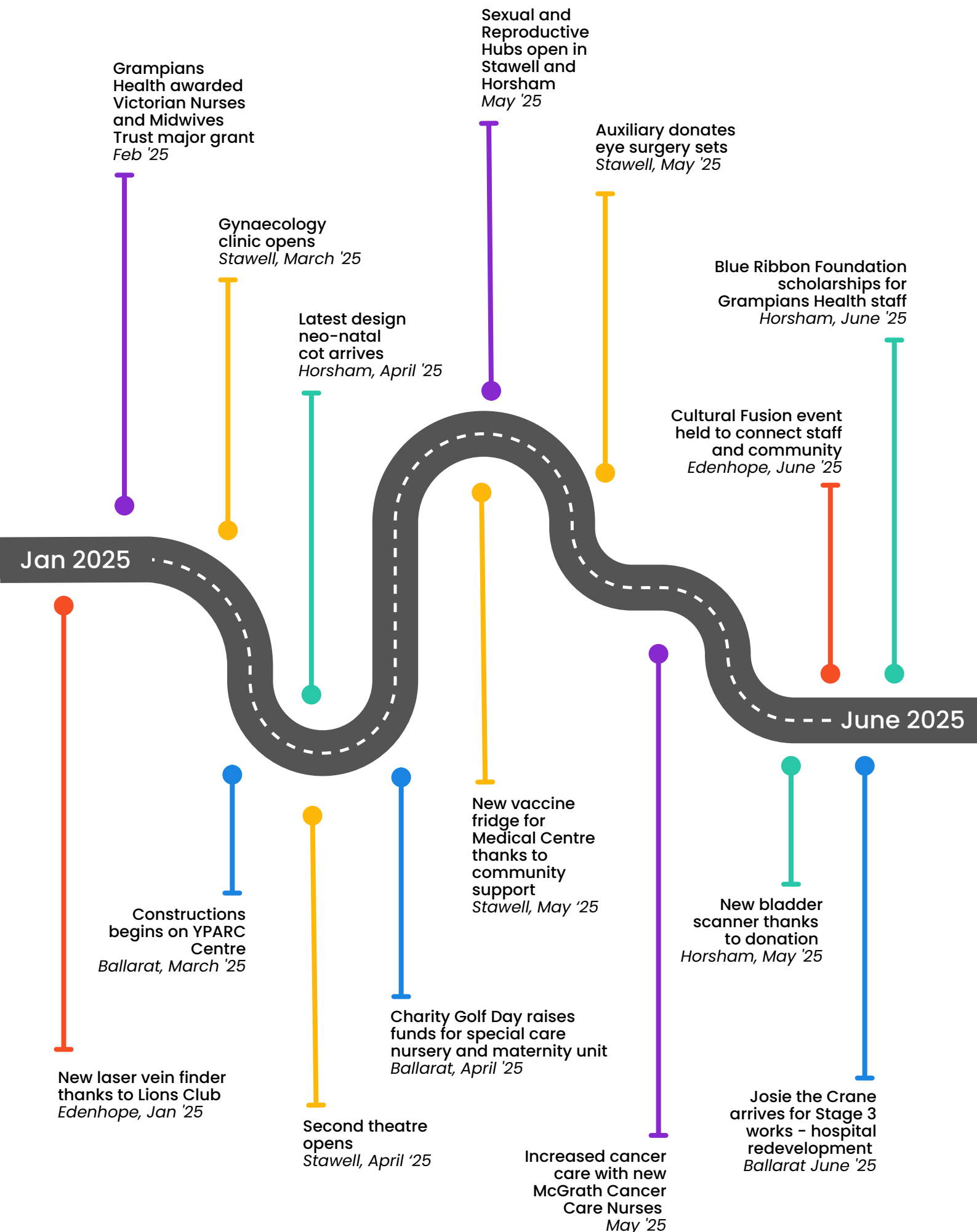
Occupancy of aged care communities as at 30 June 2025



Figures are correct at time of production

Highlights





Improving access to care across communities

This past year has seen Grampians Health continue to expand care across the region, ensuring more people receive timely, high-quality support closer to home.

These initiatives not only reduce patient travel and improve access, but also build organisational capability by fostering a flexible, mobile workforce.

Shared allied health services have made timely care more accessible for our smaller campuses in particular. We have a Horsham-based speech therapist visiting Edenhope regularly, offering paediatric therapy and support in the acute ward and Lakeside Living care community.

Hand therapy specialists are working together across Horsham, Stawell and Ballarat to deliver a comprehensive, consistent service, ensuring continuity of care across the region. This also means greater opportunity for professional development and knowledge sharing between staff.

Geriatricians based in Ballarat provide weekly visits to Stawell and Horsham, significantly reducing wait times for older patients needing specialist assessment and management.

In Stawell we have also:

- introduced a haematology clinic, reducing travel for patients with blood disorders
- appointed the campus's first permanent pharmacist

- appointed a full-time Nurse Practitioner in the Urgent Care Centre, providing consistent, advanced clinical support for patients.

In Horsham, an expansion of the physiotherapy team has increased capacity to treat a broader range of conditions. This has enabled more timely appointments and improved outcomes for patients recovering from injury, surgery, or chronic conditions.

The Grampians Early Parenting Centre reached full operational capacity throughout the year. The Ballarat-based centre—which celebrated its first birthday in March—supports parents and carers across the region with everything from sleep challenges to child behaviour, and overall family wellbeing. More than 300 families came through our programs during the year, and we've identified new ways to meet the needs of our community.

Community-based initiatives also play an important role in improving care access. In Edenhope, regular hydrotherapy visits to Horsham for older community members promote physical activity, social connection, and long-term health benefits. Monthly dementia support group meetings provide a network for carers and loved ones of people with dementia for support and information sharing.



Grampians Health Occupational Therapists specialising in hand therapy working together, from left, Elise, Georgia, Renee, Michelle (Ballarat campus), Kirby (Stawell), and Anne and Kate (Horsham).

Women's health in focus

Grampians Health is one of the first health services in Victoria to launch women's health clinics, designed to improve service availability and ensure access to specialist care for all women and gender-diverse people in the region.

A key initiative has been the introduction of a dedicated heavy menstrual bleeding clinic—the first of its kind in the region—based at Ballarat. Serving the broader Grampians region, the clinic provides a streamlined, multidisciplinary approach to managing a condition that affects many people's quality of life. Being able to provide faster diagnosis and treatment options for heavy bleeding means we can reduce the need for hospital-based interventions.

New Sexual Health Hubs have opened in Horsham and Stawell, improving access to sexual and reproductive health services. These hubs offer confidential, judgement-free care and education. A range of nurse-led services are available including sexual health education, menstrual health and menopause education, population health screening (e.g. cervical screening tests), contraceptive counselling, prevention, testing and management of sexually transmitted infections, pregnancy options counselling, and pathways for medical and surgical abortion.

Pelvic health physiotherapy clinics have also started in Horsham and Stawell. Recognising pelvic health physiotherapy as a first line of treatment for many pelvic health conditions, these clinics provide specialised care for women experiencing pelvic floor dysfunction, incontinence, and postnatal recovery challenges. They aim to help patients manage and treat conditions that can affect quality of life but are often overlooked; providing early intervention and local care.

A new gynaecology clinic in Stawell is offering consultations and follow-up care for a range of conditions, including menstrual disorders, pelvic pain and endometriosis as well as overall reproductive health education. The clinic supports early intervention and is reducing wait times for such essential services in the region.

A unique community-based initiative is supporting the wellbeing of new mothers in Edenhope through the introduction of baby-friendly gym classes. These classes provide a safe, supportive space for mothers to engage in physical activity, build social connection, and aid in postnatal recovery—recognising the importance of holistic health and the role of community in supporting maternal wellbeing.

Horsham Senior Pelvic Health Physiotherapist Brooke with a miniature pelvis model.



Edenhope Community Health Nurse Cath plays with Jed and Wrenley while their mums enjoy some 'me time' in the gym.



Building for a stronger future

In 2024-25 Grampians Health continued to strengthen our infrastructure capabilities, delivering a range of projects that improve access to care, increase efficiency, and support sustainable growth across our regional campuses.

A major milestone was the completion of a second operating theatre at Stawell, officially opened in March. This facility increases local surgical capacity, reduces travel for patients, and supports a wider range of procedures including ophthalmology, endoscopy, gynaecology, and general surgery—positioning Stawell as a regional leader in specialist care.

Our Aged Care Communities are reaping the benefits from new community kitchen gardens, providing residents an opportunity to connect with nature, engage in purposeful activity and enjoy growing their own produce. Edenhope's Lakeside Living and the Dimboola Nursing Home both had gardens completed during the year, as part of a broader initiative to make the most of our outdoor areas and enhance resident wellbeing through access to nature.

The Ballarat Base Hospital redevelopment marked a key achievement with the completion of its first major building—a six-storey support services facility. This new space houses a modern pharmacy, pathology services, and education centre, and is designed to streamline clinical workflows and support staff development.

The building's completion is a major step in the \$655 million redevelopment project, which

will transform the hospital into a leading regional health precinct.

A school holiday program through Ballarat and District Aboriginal Cooperative (BADAC) transformed the hospital's courtyard into a peaceful space featuring native flora significant to First Nations communities, following the completed works.

The expansion of the multi-deck carpark at the Ballarat hospital was also completed as part of the redevelopment, with an additional 400 carparks now available onsite.

The final stage of the redevelopment is now underway. This will see the construction of a new main tower with a ground floor emergency department, state-of-the-art theatre suite and 100 additional inpatient and short-stay beds. Completion is expected in 2027.

Construction has also begun on a Youth Prevention and Recovery Care (YPARC) Centre in Ballarat, offering short-term residential support for young people facing mental health challenges. The YPARC Centre—due to be completed in 2026—is designed to offer a safe, therapeutic environment that bridges the gap between inpatient care and community-based services.

Work has also begun on two key projects in Horsham: a purpose-built pharmacy with contemporary dispensary, counselling room and office spaces; and an air handling system upgrade in the operating suite to improve airflow, humidity control, and sterility. Both are due for completion by the end of 2025.



Stawell Theatre Nurse Unit Manager Sally (left) and Site Director Sue welcome the increased surgical capacity that the new state-of-the-art theatre brings to the region.

Addressing occupational violence and aggression

Occupational violence and aggression (OVA) is a well-recognised challenge across the healthcare sector, affecting staff in both clinical and non-clinical roles.

Grampians Health is taking decisive action to address our rates of OVA across all campuses. Recognising the impact of violence and aggression on staff wellbeing and patient care, we have implemented a range of initiatives aimed at prevention, early intervention, and support.

A significant step in this strategy is the appointment of Danielle Kotara as Grampians Health's Occupational Violence and Aggression Manager. With more than 24 years of nursing experience, Danielle brings a deep understanding of the healthcare environment and the complexities surrounding patient and staff interactions.

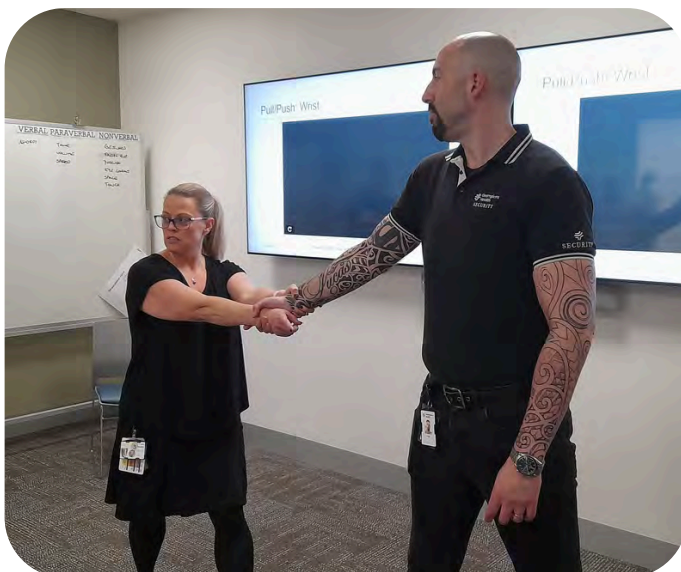
The role focuses on leading the rollout of a comprehensive OVA training program designed to equip staff with the skills to identify, manage, and de-escalate challenging behaviours. The program is mandatory for the entire workforce, with an initial focus on clinical and patient-facing staff. It includes practical strategies for recognising behavioural escalation, understanding contributing factors, and applying appropriate responses to maintain safety.

The training also promotes a culture of empathy and communication, encouraging staff to consider the broader context of behaviours and to support one another in high-pressure situations. Topics such as documentation, debriefing, and the impact of restraint methods are covered to ensure a holistic approach to safety and care.

To ensure consistency and accessibility, facilitators are being mentored across our campuses to enable local delivery of the program. Future phases will expand the training to non-clinical staff and include refresher courses to maintain ongoing competency.

The importance of this initiative cannot be underestimated, as incidents of occupational aggression continue across the healthcare sector and affect staff in all roles. We maintain a zero-tolerance approach to aggression and are committed to creating a safe, respectful, and supportive workplace for all.

The appointment of a dedicated OVA Manager and the implementation of targeted training reflect our proactive stance on safety and wellbeing. These efforts are part of a broader commitment to fostering resilience, reducing harm, and ensuring high-quality care for patients and communities.



Learning new skills as part of our new OVA training program, helping staff to identify, manage and de-escalate challenging behaviours.

Celebrating our volunteers

Volunteers at Grampians Health are a cornerstone of our compassionate care, supporting patients, families, and staff across our campuses. With over 300 volunteers, our program continues to grow—expanding roles and introducing new initiatives to meet evolving needs.

One of our new programs is the Special Care Nursery Cuddle Program, an initiative that provides comfort to premature or ill infants and emotional support to their families. Currently offered at Ballarat, our volunteers in this program play a vital role in promoting emotional wellbeing and better health outcomes for both babies and parents.

The Dog Therapy Program, now active in Stawell and Ballarat, has brought joy and calm to patients and staff alike. Therapy dogs and their volunteer handlers have been warmly welcomed, with overwhelming feedback received highlighting the program's positive effects. Plans are underway to expand this program to additional campuses.

Volunteers also continued to assist with patient navigation, ward companionship, and fundraising, including through the Ballarat Base Gift Shop which has completed its second successful year of operation.

The volunteers' presence across wards and waiting areas helps ease anxiety and create a welcoming environment for all.

Our volunteer drivers play a crucial role in supporting regional patients. In Ballarat cancer patients are transported to and from appointments at the Ballarat Regional Integrated Cancer Centre (BRICC), to ensure they can access vital treatment without the added stress of organising travel.

Drivers for Edenhope, Horsham and Stawell travel around 6,000 kilometres each month between them, chauffeuring patients and clients to and from medical appointments that would otherwise be difficult to get to. The majority of these drives take six to eight hours due to distance travelled and waiting times.

To support those who give so much, a wellbeing session was hosted in Ballarat during National Volunteer Week which offered Tai Chi, meditation, storytelling, and group discussions. The session fostered reflection, connection and self-care. Plans are underway to expand this initiative across other sites to ensure all our volunteers feel valued and fulfilled.



Michelle, handler of therapy dog Eric, shares a special moment with patient Norman during a visit on the Simpson Ward at Stawell.

Community fundraising supports local care

The collective efforts of our foundations, auxiliaries, community groups, and individuals continue to strengthen our ability to enhance patient care at Grampians Health.

Their support allows us to purchase specialised equipment tailored to the needs of our campuses. Every dollar raised stays local, directly benefitting patients and staff in the community where it was donated.

The following projects are among those that were made possible by our generous donors—and for that we say a heartfelt thank you.

Stawell

Thanks to our major donors — Stawell Hospital Foundation, Stawell Hospital Auxiliary and Stawell Y-Zetts — we have been able to fund key surgical equipment for the new theatre; a new bladder scanner and telehealth cart; eye surgery sets to support ophthalmic procedures locally; and a new vaccine fridge.

Horsham

A number of donations were made to our Horsham campus, which funded important equipment including:

- a new bladder scanner
- state-of-the-art neo-natal transfer cot
- two new high flow humidifiers
- upgraded gym equipment and a new ultrasound.

Ongoing support from the Wimmera Hospice Care Auxiliary, WBH Ladies Auxiliary Opportunity Shop, WHCG Foundation and Blue Ribbon Foundation in Horsham also continued to benefit palliative care and hospital services throughout the year.



Ballarat

Our fundraising efforts in Ballarat, supported by the Ballarat Health Services Foundation, were lifted by the expansion of partnerships and community events raising funds locally.

For a second year, the Foundation was the headline charity partner for the Ballarat Marathon, with funds raised used to renovate the family room in the Intensive Care Unit of Ballarat Base Hospital. The Adroit Charity Golf Day raised funds to purchase accessible cots and recliners for our Maternity Unit and Special Care Nursery; while our local Murray to Moyne teams fundraised for the purchase of a first-for-Ballarat microwave ablation device for renal cancer treatment and rehab exercise equipment. We were also grateful recipients of the inaugural Good Friday Appeal regional funding.

Numerous community donations, events and generous bequests also allowed us to support new negative pressure rooms in Gandarra Palliative Care, new occupational therapy equipment, three Erbe Electrosurgical Devices, gym equipment for cardiovascular rehabilitation, and a laparoscope for our Paediatric Ward, among other projects.

Edenhope

We are grateful to the Edenhope community for supporting the purchase of new gym equipment for the Elsie Bennett Centre, and a laser vein finder to support safer clinical procedures.

The Edenhope Murray to Moyne team once again raised valuable funds for the Edenhope hospital. Thanks to their generous support our Acute Ward now has three new lift chairs with attached tables.

Dimboola

Beyond equipment, the Dimboola Ski Club made a valuable donation to help expand our Rural Outreach services for mental health, ensuring more people in rural Victoria can access this important support.

Horsham's Yandilla nurse unit manager Michelle and Horsham Maternity Clinic manager Jane with the new maternity transfer cot, made possible by community donations.

Values & Leadership

Our Vision

Grampians Health will be a trusted, progressive and innovative leader of regional and rural healthcare.

Our Values



Collaboration

We are stronger together.

Recognising and utilising strengths to share knowledge, solve problems, build relationships and deliver the best outcomes possible.



Accountability

We do what we say and say what we do.

Openness, honesty and transparency support us to be courageous, take responsibility for our actions and follow through on our commitments.



Innovation

We adapt and innovate to achieve best outcomes.

Everyday, we apply expertise and integrity to make responsible choices, always striving for continuous improvement.



Respect

We appreciate and value all people.

Our actions and words reflect our commitment to a safe and fair health service for all.



Compassion

We show that we care.

All people deserve to be treated with compassion, kindness and empathy.

Strategic Plan 2025-29: Our Future Together

Grampians Health's Strategic Plan 2025–29 sets a clear direction for care delivery over the next four years. It reflects our commitment to high-quality, inclusive, and locally responsive healthcare, building on the strong foundations established since our formation in 2021.

Guided by the pillars of **Our Care**, **Our People**, and **Our Partners**, the plan positions us as a unified health service, ready to meet evolving community and health system needs.

Each pillar includes defined goals that ensure our services remain patient-centred, equitable, and sustainable – delivering care that is compassionate, connected, and community-driven.

Looking ahead, the plan will serve as our roadmap for responsive care shaped by the voices of our staff, partners, and communities.

Our Strategic Priorities



Our Care

We deliver high quality care with a focus on the consumer experience by:

- Providing the right care, at the right time in the right place.
- Partnering with consumers to create best care and experience.
- Providing integrated efficient and effective services.
- Adopting technology to drive innovation in healthcare services.



Our People

We create the environment for people to thrive by:

- Living our shared values.
- Building safety and wellbeing.
- Raising our employment experience.



Our Partners

We partner to improve outcomes for consumers and the community by:

- Contributing to the equitable health and wellbeing of the community.
- Strengthening creativity and collaboration for better outcomes.
- Enhancing the consumer voice in all that we do.

Board of Directors

(as at 30 June 2025)



Hon. Rob Knowles AO
Board Chair
Chair Remuneration Committee
 FIPPA, MAICD
 Director since 2024
 Appointed to 30/06/28



Rhian Jones
Board Director
 Director since 2021
 Appointed to 30/06/25



Marie Aitken
Deputy Chair
Chair Primary Care & Population Health Advisory Committee
 BA, Grad Dip (Vocational Counselling),
 Grad Dip (Mental Health Sciences,
 CBT), MAPS, GAICD
 Director since 2021
 Appointed to 30/06/25



Heather Pickard OAM
Board Director
Chair Quality & Safety Committee
 Division 1 RN, Post Grad (Addiction
 Studies, Org. Management)
 Director since 2021
 Appointed to 30/06/26



David Anderson
Board Director
Chair Finance Committee
 B Comm, M Comm (Finance), GAICD
 Director since 2021
 Appointed to 30/06/26



Anthony Schache
Board Director
Chair Infrastructure & IT Committee
 BBus (Hons), MBA, CPA, CMA, FGIA
 Director since 2021
 Appointed to 30/06/26



Avril Hogan
Board Director
Chair People & Culture Committee
 B.Comm, MBA, GAICD
 Director since 2021
 Appointed to 30/06/27



Meghraj Thakkar
Board Director
Chair Audit & Risk Committee
 GAICD, PMP, MSc, BEng
 Director since 2021
 Appointed to 30/06/25



Nick Jones
Board Director
 BSc, BMBS, Grad Dip (Clinical
 Education), FRACP, CSANZ
 Director since 2021
 Appointed to 30/06/27



Cora Trevarthen
Board Director
 GC Health Service Mgmt (UTas),
 PG DIP Arts (UMelb), GAICD
 Director since 2021
 Appointed to 30/06/25

Executive structure



Dale Fraser
Chief Executive Officer

Leads the executive team of Grampians Health to achieve its strategic goals.

Veronica Furnier
Chief Redevelopment and Infrastructure Officer

Responsible for delivering infrastructure projects, building management and services, and capital projects and planning.



Eric Kochskamper
Chief Financial Officer

Responsible for finance and procurement, information management and technology, and payroll operations.



Dr Rob Grenfell
Chief Strategy and Regions Officer

Responsible for public health, project management, regional partnerships and strategic planning.



Leanne Shea
Chief Nursing and Midwifery Officer

Responsible for professional nursing and midwifery practices and standards.



Prof. Matthew Hadfield
Chief Medical Officer

Responsible for professional medical practices and standards, including legal services.



Claire Woods
Chief People Officer

Responsible for workforce, organisational development, volunteers, community engagement, fundraising, health and safety, wellbeing and employee relations.



Ben Kelly
Chief Operating Officer

Responsible for hospital operations, acute and sub-acute services, aged care communities, allied health, community programs and mental health.



Statement of Priorities

Strategic Priorities

In 2024-25, Grampians Health contributed to the achievement of the Victorian Government's commitments by:

Excellence in clinical governance		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>MA2: Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.</p>	<p>MA2: Health service partnerships (HSP) collaborations such as "Getting it Right First Time" program.</p>	<p>Health service partnerships (HSP) collaborations include the following:</p> <p>Projects</p> <ul style="list-style-type: none"> • Residential in Reach • Surgical reform • Aboriginal Health Innovation • Hospital without Walls <p>Initiatives</p> <ul style="list-style-type: none"> • Improvement on the Run training in regions <p>Collaboratives</p> <ul style="list-style-type: none"> • Restrictive Intervention in Mental Health Services • Sexual Safety in Mental Health Services • Check Again • Paediatric VICTOR • Safer medications transitions of care • Timely Emergency Care (TEC2) • Stroke • Every week counts • Adult Sepsis Collaboration • iCORD • Preventing Venous Thromboembolism and Managing Anticoagulation Management (PVT-SAM) collaboration

Excellence in clinical governance		
Goals	Health Service Deliverables	Achievements/Outcomes
MA2: Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.	MA2: Undertake review of clinical governance framework and governance committee structure and functions.	<ul style="list-style-type: none"> Continued to review clinical governance frameworks following the review conducted in partnership with Safer Care Victoria (SCV). Refreshed the Grampians Health Governance Framework in consultation with key stakeholders, consumers, executive and Board, including the launch of the Grampians Health Integrated Governance Framework. Implemented the revised governance committee structure aligned with the new Grampians Health Integrated Governance Committee, which we are now embedding across the organisation.
	MA2: Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	<ul style="list-style-type: none"> One of eight hospitals to trial a refined ViCTOR chart – from emergency departments to paediatric wards, birth suites and post-surgical recovery to special care nursery. The refined charts have an additional vital sign to improve recognition of patient deterioration. The implementation of the refined ViCTOR chart provides the opportunity to review and enhance our existing paediatric escalation pathways, particularly those addressing response escalation pathways for family/caregiver concern.

Excellence in clinical governance		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>MA6: Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.</p>	<p>MA6: Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.</p>	<ul style="list-style-type: none"> • Partnered with the Timely Emergency Care (TEC2) program and other Victorian health services to enhance access to emergency care and improve patient flow across the system. A key focus has been on optimising emergency department operations through senior decision-making models and reconfiguring existing workflows to reduce delays and improve efficiency. • Reinforcing inpatient multidisciplinary team meetings, with a target of achieving 10am discharges from medical wards daily to support better bed availability and smoother care transitions. • Introduced General Medicine Rapid Access and Discharge (RAD) clinics to help prevent unnecessary hospital admissions, particularly over weekends. These clinics are now being integrated into the GH at Home program to support care delivery outside of the hospital. • Actively implementing Ambulance Victoria standards which address the entire patient flow journey, particularly improving ambulance off-stretcher times and streamlining discharge processes within inpatient services.
<p>MA7: Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.</p>	<p>MA7: Engage in one or more mental health improvement programs of Safer Care Victoria – elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.</p>	<ul style="list-style-type: none"> • Re-energising the Safewards model of care in mental health. • Proactive engagement in the Mental Health Improvement Program's Reducing Restrictive Interventions Collaborative. • Proactive engagement in the Mental Health Improvement Program's Sexual Safety Program. • Adult Acute Unit gender sensitive Intensive Care Area redevelopment currently in progress – expected to be completed early 2026.

Operate within budget		
Goals	Health Service Deliverables	Achievements/Outcomes
MBI: Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.	MBI: Deliver on the key initiatives as outlined in the Budget Action Plan.	<ul style="list-style-type: none"> • Achieved financial benefits exceeding \$30M through our consolidated Budget Action and Financial Management Improvement Plan. • Enhanced productivity and increased focus on procurement and sourcing strategies have enabled improvements in both financial performance and patient outcomes (e.g. a notable reduction in length-of-stay measures). • Sustained attention on clinical coding to ensure accurate revenue generation. • Growth in own sourced revenue, as a vital source of funding for capital programs.
	MBI: 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.	<p>Implemented a number of initiatives to support the achievement of financial sustainability, whilst continuing to provide exceptional patient care.</p> <p>Key areas included:</p> <ul style="list-style-type: none"> • regular reviews of supplier and vendor agreements to ensure value for money and efficiencies • effective procurement and management of capital assets • implementation of environmental efficiencies and savings • a number of workforce utilisation initiatives and effective workforce retention programs • robust financial risk management processes • improvement to data-driven analysis and financial forecasting.

Improving equitable access to healthcare and wellbeing		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>MC1: Address service access issues and equity of health outcomes for priority communities, including LGBTIQ+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.</p>	<p>MC1: Expand care models for rural communities through both virtual care and home based care. Identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.</p>	<ul style="list-style-type: none"> • The Aboriginal Health Innovation Initiative Project was completed through the Grampians Region Health Service Partnership, identifying actions to improve cultural safety in healthcare delivery. • The Western Alliance project is in its initial stages, focused on co-designing a culturally safe care pathway with Aboriginal communities and Grampians Health stakeholders. This will be piloted within Ballarat's Emergency Department, evaluating its feasibility, acceptability, and impact. The program continues into 2025–26. • Carer Support Services, including partnerships with Ballarat And District Aboriginal Co-operative (BADAC), have received positive feedback for their cultural responsiveness and practical assistance. • The Edenhope Health and Wellbeing Hub has expanded access to services such as District Nursing, Telehealth, and the Transition Care Program. • Deakin and University of Melbourne have included shadowing the AHLO team as part of medical student rotations, providing an understanding of clinical yarning as a form of healing for First Nations peoples. • NDIS Continence Services are available now at Horsham, improving local care. • The Grampians Early Parenting Centre continues to provide tailored care for children with disabilities. • The Grampians Assessment Service has streamlined aged care access through the Single Assessment System launched in December 2024. Further improvements are expected from the rollout of First Nations Assessment Organisations post 30 June 2025. • Inclusive frameworks for Culturally and Linguistically Diverse communities and veterans, and Australia-wide support from Safety Link and the State-wide Equipment Program (SWEP), continue to demonstrate our commitment to equitable, culturally safe, and accessible healthcare.

Improving equitable access to healthcare and wellbeing		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>MC4: Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.</p>	<p>MC4: Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.</p>	<ul style="list-style-type: none"> • Aboriginal Cultural Awareness training is mandatory for all staff. Additional online learning modules are available relevant to cultural safety, healthcare for First Nations people and supporting a First Nations workforce. • Face-to-face training is provided that is centred on Cultural Considerations in Clinical Care and tailored to specific clinical areas e.g. Renal, Mental Health, Emergency. • Face-to-face 'Active Bystander' learning sessions have been arranged and will be rolled out in the second half of 2025. These sessions will provide staff with tips and techniques in addressing challenging behaviours such as racism, discrimination and harassment.

A stronger workforce		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>MDI: Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.</p>	<p>MDI: Deliver programs to improve employee experience across four initial focus areas: leadership, health and safety, flexibility, and career development and agility.</p>	<ul style="list-style-type: none"> • Appointed a dedicated Occupational Violence and Aggression (OVA) Manager. • Mandatory training for all staff of a comprehensive safety intervention program aimed at preventing and managing escalating behaviours in the workplace. • Introduced a Wellbeing Peer Support program – informal, confidential assistance provided by staff, to staff experiencing personal or workplace challenges. • Regional Statements of Expectations under development and a collaborative agreement on priorities reached by agencies across the Grampians region in December 2024. This aligns with the our Strategic Plan and the Department of Health priorities. • Drafted a Talent Attraction Plan and early development of a revised Roles and Responsibilities Matrix, which will be integrated into SAP Success Factors. • Finalised a consolidated Emergency Management and Business Continuity Plan. Testing is scheduled for 2025–26. • Launched The Core Leadership suite pilot. This will be fully rolled out in 2025–26. • Consolidation and upgrade of Human Capital Information Systems has advanced with the successful launch of Phase 1, laying the groundwork for Phase 2. • Launch of our inaugural Disability Action Plan. • Redesign of the intranet homepage, informed by staff feedback to improve internal communications and accountability. • Developed comprehensive People Matter Summary reports to support executive interpretation of survey results, to inform engagement sessions and other communications for transparency and responsiveness to staff feedback.

A stronger workforce		
Goals	Health Service Deliverables	Achievements/Outcomes
MD2: Explore new and contemporary models of care and practice, including future roles and capabilities.	MD2: Continuing to support implementation of the medium and long-term priorities of the MH workforce strategy.	<ul style="list-style-type: none"> Recruited a permanent Director Lived and Living Experience for Grampians Mental Health and Wellbeing Service (GMHWS), supporting the embedding of lived experience at all levels. Expanded allied health graduate roles in mental health, in line with the Mental Health Workforce Strategy.

Moving from competition to collaboration

Goals	Health Service Deliverables	Achievements/Outcomes
ME2: Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	ME2: Regional, sub-regional or local regional health needs assessment to develop a population health plan.	<ul style="list-style-type: none"> The Grampians Region Population Health Plan 2023-2029 continued to be implemented in 2024-25. An update of the health needs assessment of the Population Health Plan was commenced during 2024-25 and is still ongoing as of July 2025.
	ME2: Partner with mental health services in the local region to share learnings on implementing the Royal Commission Reform recommendations with a view to progressing transformation of the Mental Health system.	<ul style="list-style-type: none"> The 'Taking it Forward' initiative has partnered with local mental health services—including Ballarat Community Health, Grampians Community Health, Headspace, Uniting Care, and the Public Health Network—to enhance coordinated consumer access across services. This collaboration aims to strengthen crisis response, improve sector-wide collaboration, and facilitate better information sharing among providers.

Moving from competition to collaboration		
Goals	Health Service Deliverables	Achievements/Outcomes
<p>EA6,EA7: Perform and coordinate public health functions (including responding to notifiable conditions and population health) as the leading health service of a Local Public Health Unit (LPHU), working with other entities within the local public health catchment.</p>	<p>EA6: LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities (BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.</p>	<p>Statewide public health and wellbeing priorities are implemented through locally-adapted initiatives across the Grampians Public Health Unit (GPHU) catchment area, and align to the Grampians Region Population Health Plan 2023-29 and its priority areas.</p> <p>2024-25 activities included:</p> <ul style="list-style-type: none"> • expanding the Smiles 4 Miles program • partnering with over 20 organisations to form the Reducing Harm from Tobacco and E-Cigarette Alliance • partnering with local councils to implement the Central Highlands Vaping Prevention Project, addressing vaping-related harm among young people • expansion of the Sexual Health in the West community of practice • delivery of sexual health capacity-building sessions for health professionals, teachers and community workers • collaborative information sessions held for practitioners and staff working with young people and families formally recognised with a Victorian Early Years Award 2024 • rollout of the Heatwave HELP program, reducing health risks to vulnerable people during extreme heat events • development of the Grampians Region Health Services Partnership Climate Action Framework • supported Municipal Public Health and Wellbeing Plans across multiple local government areas • raising awareness of cardiovascular disease risk and actions.

Moving from competition to collaboration		
Goals	Health Service Deliverables	Achievements/Outcomes
EA6,EA7: Perform and coordinate public health functions (including responding to notifiable conditions and population health) as the leading health service of a Local Public Health Unit (LPHU), working with other entities within the local public health catchment.	EA7: LPHUs manage and deliver local public health responses to integrated notifiable conditions—including COVID-19, within their catchment.	<p>The GPHU is responsible for public health response for 83 notifiable conditions in the Grampians region and has worked to operationalise response to these conditions to protect the health of the region.</p> <p>Between 1 July 2024 to 30 June 2025 (these numbers do not include COVID-19):</p> <ul style="list-style-type: none"> • 947 new cases (notifications) allocated to GPHU for follow up. 1509 actions were performed by the GPHU health protection team to manage and respond to them • Total new URGENT cases allocated to GPHU: 179 • Total outbreaks managed by the GPHU: 183 (including COVID-19). Of these 43.71% (80/183) were COVID-19 in aged care facilities, followed by 36.61% (67/183) food or water borne, 18.03% (33/183) Influenza and 1.09% (2/183) RSV.
	EA7: LPHUs receive notifications for integrated notifiable conditions in their catchment.	

Performance priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	92%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.533
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	100%	36%
[^] Under special circumstances an extension beyond the 30 business days may be granted by Safer Care Victoria. In these instances, this indicator will be assessed against the newly agreed submission date.		
Aged care		
Public sector residential aged care services overall star rating	100%	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	92.7%
Aboriginal Health		
Gap between percentage of Aboriginal patients and non-Aboriginal patients who discharged against medical advice	0%	2%
Gap between percentage of Aboriginal patients and non-Aboriginal patients who 'did not wait' presenting to hospital emergency departments	0%	Ballarat - 3% Horsham - 4%
Mental Health		
Patient experience		
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	Unavailable*
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	Unavailable*
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	Unavailable*
Follow-ups, readmissions, and seclusions		
Percentage of consumers followed up within 7 days of separation - Inpatient	88%	80%
Percentage of consumers re-admitted within 28 days of separation - Inpatient	14%	13%
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient	6	14

* Department of Health survey data collection processes were delayed statewide in 2024-25 due to an upgrade in survey methodology. This resulted in a one-off delay to data collection for the cycle. Surveys are now being conducted continuously throughout the year, with the change expected to provide a more accurate and timely picture of consumer and carer experience. Finalised data was unavailable at the time of submitting the 2024-25 annual reports.

Timely access to care

Key performance measure	Target	Result
Planned surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%
Percentage of planned surgery patients admitted within the clinically recommended time	94%	82.1%
Number of patients admitted from the planned surgery waiting list	6,021	5,908
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	24.2%	35.2%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	1.34	1.37
Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	Ballarat - 53% Horsham - 80%	Ballarat - 55% Horsham - 78%
Number of patients with a length of stay in the ED greater than 24 hours	0	Ballarat - 1,788 Horsham - 75
Average ED length of stay (admitted) in minutes	Ballarat- 688 Horsham - 512	Ballarat - 754 Horsham - 547
Average ED length of stay (non-admitted) in minutes	Ballarat - 270 Horsham - 240	Ballarat - 280 Horsham - 196
Average inpatient length of stay in minutes	Ballarat - 3,384 Horsham - 4,177	Ballarat - 3,433 Horsham - 4,241
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	Ballarat - 31% Horsham - 44%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	Ballarat - 48% Horsham - 44%
Number of admitted mental health occupied bed days	13,140	15,601
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	89.6%
Home-Based Care		
Percentage of admitted bed days delivered at home	7.2%	8.3%

Strong governance, leadership and culture

Key performance measure	Target	Result
Organisational culture		
Percentage of staff with an overall positive response to safety culture questions in People Matter Survey	80%	64%

Effective financial management

Key performance measure	Target	Result
Operating result (\$m)	0.00	\$0.86M
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.63
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	Achieved

Activity and funding

Grampians Health funding summary for 1 July 2024 – 30 June 2025

Funding Type	Achievement	Funding unit
Consolidated Activity Funding		
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	76,973	NWAU
Acute admitted mental health NWAU	4,458	NWAU
Acute admitted additional planned surgery NWAU	1,385	NWAU
Acute Admitted		
Acute admitted DVA	156	NWAU
Acute admitted TAC	243	NWAU
Subacute/Non-Acute, Admitted and Non-admitted		
Subacute – DVA	48	NWAU
Transition Care – Bed days	8,541	Bed days
Transition Care – Home days	9,170	Home days
Aged Care		
Aged Care Assessment Service	2,898	Service hours
Residential Aged Care	190,205	Bed days
HACC	18,206	Service hours
Mental Health and Drug Services		
Mental health ambulatory	74,006	Service hours
Mental health inpatient – Available bed days	8,395	Block funded
Mental health residential	8,409	Bed Days
Mental health subacute	3,085	Block funded
Primary Health		
Community health / primary care programs	20,090	Service hours

Report of Operations

Workforce data

Hospitals labour category	JUNE current month FTE		Average Monthly FTE	
	2025	2024	2025	2024
Nursing	2,235	2,156	2,237	2,096
Administration and Clerical	850	858	878	836
Medical Support	80	78	82	82
Hotel and Allied Services	858	865	892	826
Medical Officers	60	51	57	50
Hospital Medical Officers	273	256	263	244
Sessional Clinicians	101	102	106	98
Ancillary Staff (Allied Health)	512	511	531	488
TOTAL FULL TIME EQUIVALENT (FTE)	4,969	4,877	5,046	4,720

Employment and conduct principles

Grampians Health employs over 7,500 staff members who play a vital role in delivering healthcare services across the region. Our workforce reflects a broad range of skills, backgrounds, and experiences, contributing to the overall wellbeing of the communities we serve.

We are committed to upholding the principles of merit-based employment, fairness, and transparency in all recruitment and workforce management practices. Staff are appointed, promoted, and managed in accordance with relevant legislation and policy frameworks, ensuring that employment decisions are based on capability and performance.

We promote a workplace culture grounded in respect, integrity, and accountability.

Our organisational values guide staff conduct and decision-making, and we expect all employees to demonstrate these values consistently in their roles.

We continue to prioritise diversity, equity, and inclusion, recognising that a diverse workforce enhances our ability to respond to community needs. Initiatives to support inclusive practices and cultural safety are embedded across the organisation.

Workforce data collections have been reviewed, and employees have been correctly classified. We remain focused on continuous improvement, with a clear direction to strengthen staff engagement, wellbeing, and professional development in the year ahead.

Occupational health and safety

Grampians Health has maintained a steady approach to workplace safety, with ongoing efforts to strengthen incident and hazard reporting practices.

While the volume of WorkCover claims has slightly increased, they are of lower value. Strategic initiatives have helped manage associated costs effectively. The introduction of a unified early intervention framework and a centralised injury management system across all campuses has contributed to more streamlined support for affected employees. These measures have helped mitigate financial impacts, even in the context of rising insurance premiums.

Occupational health and safety statistics	2024-25	2023-24
Number of reported hazards/incidents for the year per 100 FTE	31.63	59.47
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.63	1.46
Average cost per WorkCover claim for the year	\$54,953	\$78,266

Occupational violence

Occupational violence statistics	2024-25	2023-24
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.27	0.29
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.43	1.47
Number of occupational violence incidents reported	708	1,152
Number of occupational violence incidents reported per 100 FTE	13.77	23.95
Percentage of occupational violence incidents resulting in staff injury, illness or condition	30.51*	10.88

Definitions of occupational violence

- **Occupational violence** – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident** – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating are included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident is included.
- **Accepted WorkCover claims** – accepted Workcover claims that were lodged in 2024-25.
- **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.

* An increase in injuries, illnesses or conditions reported as being associated with incidents of occupational violence and aggression, reflects the increasing awareness among staff of the ongoing impacts of all instances of violence and aggression towards our people.

Gender Equality Act 2020

Grampians Health has made progress across the seven Workplace Gender Equality Indicators.

We continue to improve our recruitment and flexible work policies and strengthen our procedures to address sexual harassment. We have embedded gender equality into leadership development, including two 'Mens' Initiative' programs.

Improvements were made in promoting diversity in recruitment, enhancing access to flexible work arrangements, and supporting cultural safety. However, further work is needed to address persistent

gender pay gaps, improve data collection across campuses, and increase staff confidence in promotion practices and complaint processes.

The progress against the 46 actions in our Gender Equality Action Plan as at 30 June 2025 was:

- 20 actions completed
- 13 actions in progress
- 13 ongoing activities

Grampians Health remains committed to fostering an inclusive, equitable, and safe workplace for all employees.

Social procurement framework

Grampians Health continues to pursue its Social Procurement Framework to ensure value-for-money considerations are not solely focused on price but encompass opportunities to deliver social and sustainable outcomes that benefit the Victorian community. For the 2024-25 financial year Grampians Health has

prioritised the following social and sustainable objectives:

- opportunities for Victorian Aboriginal people
- environmentally sustainable business practices
- environmentally sustainable outcomes.

Direct spend with Social Benefit Suppliers

The table below summarises the number of Social Benefit Suppliers that Grampians Health engaged in 2024-25:

Objective	No. of suppliers engaged	Total expenditure (\$)
Opportunity for Victorian Aboriginal people		
Purchasing from Victorian Aboriginal businesses	3	26,169
Opportunities for Victorians with a disability		
Purchasing from Victorian social enterprises and Australian Disability Enterprises	5	1,251,585
Opportunities for Victorian priority jobseekers		
Purchasing from Victorian social enterprises	1	20,823
Sustainable Victorian social enterprise and Aboriginal business sectors		
Purchasing from Victorian social enterprises	8	105,823
Purchasing from Victorian Aboriginal businesses	3	26,169
Total Social Benefit Suppliers*	13	1,315,910

** Social Benefit Suppliers may be identified under multiple Social Benefit Objectives. 'Total Benefit Suppliers' represents the total number of individual Social Benefit Suppliers engaged and total expenditure against those individual suppliers.*

Environmental sustainability and performance

Grampians Health continues to make progress against our Environmental Sustainability Plan (ESP), launched early 2024, which reflects our commitment to reducing environmental impact across all campuses using an interdisciplinary approach.

In line with our target of reducing greenhouse gas emissions by 45-50% by 2030, this year we achieved a reduction of 12%, which is significantly above our yearly target towards this goal.

Our fossil fuel reduction target of 7% for 2025 was also greatly surpassed, with savings of 18% in total non-renewable energy.

Transport is another major area of ongoing focus and improvement. Most new vehicles purchased during the year were either electric or hybrid vehicles, as we work to transition 50% of our new fleet cars to be zero-emission by 2030. More than 50% of our current fleet pool is either electric or hybrid. This year we also saw a reduction in vehicle numbers.

Other highlights from 2024-25 include:

- establishing a recycling and repurposing program for used and end-of-life branded uniforms
- introducing a specialised recycling stream for single-use equipment
- improvements in data collection for waste and recycling
- standardising our e-waste recycling sytem across all campuses
- installing 13 electric vehicle charging stations
- opening a state-of-the-art Central Energy Plant and Support Services building, as part of the Ballarat hospital redevelopment
- completing the transition of Ballarat sites to energy-efficient LED lighting
- installing solar photovoltaic (PV) systems
- replacing decommissioned assets with more energy efficient options
- promoting events and resources to help staff reduce their environmental footprint.

Utility consumption data (water, gas, electricity) in the following sections represent total usage across all Grampians Health operational sites. This includes both clinical facilities and essential support services such as the commercial linen plant. Consolidated reporting ensures transparency and reflects the full environmental footprint of the organisation.

Electricity production and consumption

Electricity consumption decreased by 10% in 2024-25, largely due to the retirement of some assets. In November 2024, the new state-of-the-art Central Energy Plant and Support Services building (CEPSS) opened in Ballarat as part of the Ballarat Base Hospital redevelopment. The design of the CEPSS focuses on maximising energy efficiency through sustainable design principles, including an energy storage system

that allows the hospital to operate at full capacity even during significant network outages.

The production of onsite electricity increased 11% with the installation of new solar photovoltaic (PV) systems in Dimboola. Additional solar installations are planned for Horsham in 2025-26.

Electricity use [MWh]	2024-25	2023-24
Purchased	21,499	24,226
Self generated	816	732
Total electricity consumption	22,315	24,958
On-site electricity generated [MWh]	2024-25	2023-24
Solar electricity	816	732
Total on-site electricity generated	816	732

Stationary energy

Stationary energy is a combination of different fuel types including natural gas, diesel and LPG. These fuels are used for the heating, cooling, and management of building services.

Total stationary fuel consumption decreased by 24% in 2024-25, mainly due to the retirement of assets linked to redevelopment projects and a decline in output at the Horsham linen plant. Additionally, onsite diesel serves as a backup for generators across all facilities, with diesel tanks being replenished infrequently throughout the year.

As part of the Ballarat Base Hospital redevelopment, multiple stationary energy

assets were decommissioned and completely removed including the cogeneration system. A staged approach to replace decommissioned assets with more energy efficient options has seen a decrease in diesel consumption.

Greenhouse gas emissions resulting from stationary fuel consumption have decreased by 24%, reflecting the overall reduction in total stationary fuel usage in buildings and machinery.

As works continue and new assets come online, monitoring of fuel usage will be critical to understand the buildings energy consumption and impacts.

	2024-25	2023-24
Total fuels used in buildings and machinery segmented by fuel type (MJ)		
Natural gas	125,016,268	165,090,985
Diesel	328,027	908,636
LPG	2,333,465	2,400,946
Total fuels used in buildings and machinery	127,677,759	168,400,567
Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO₂(t))		
Natural gas	6,442	8,507
Diesel	23	64
LPG	141	145
Greenhouse gas emissions from stationary fuel consumption	6,607	8,716

Water use

Water consumption increased 3% in 2024-25, due to various service activities as well as a shift in reporting that provides more accurate data than in previous years.

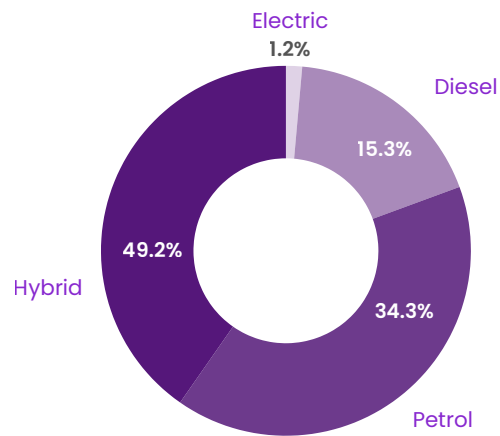
The rise in water consumption has marginally increased the volume of metered water used per normalised service activity for 2024-25.

Water use	2024-25	2023-24
Total units of metered water consumed by water source [kL]		
Potable water	221,573	214,923
Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector-specific quantity [kL]		
Water per unit of Aged Care	1.14	1.10
Water per unit of LOS	1.17	1.14
Water per unit of bed-day	0.58	0.56
Water per unit of Separations	3.63	3.68
Water per unit of floor space	1.59	1.54

Transportation energy

Total energy consumption in transportation rose by 44% in 2024-25. This is mainly due to cross-facility transport to distribute and collect linen and supplies, and includes the provision of care and support services to the Central Highlands, Grampians, Northern Grampians, Wimmera, and Mallee regions. Consequently, total greenhouse gas emissions from transportation increased due to variations in fuel consumption.

Eighteen vehicles were retired from our fleet—a 6% decrease from last year. A new project is underway to optimise transport activities and operations by shifting from internal combustion vehicles to electric to improve overall operational efficiency.



Petrol:
6,829,774 MJ
462 tonnes CO₂-e



Diesel:
5,122,915 MJ
361 tonnes CO₂-e

Greenhouse gas emissions

During 2024-25 we saw a reduction of 12% in total greenhouse gas (GHG) emissions. Fluctuations in overall emissions can stem from operational practices, energy sources used, and both internal and external processes, including data collection techniques—all of which influence the types (scopes) of emissions produced.

Scope 1 emissions — direct emissions generated from sources that are controlled or owned by us. These include emissions from burning fossil fuels, such as natural gas for heating or hot water, diesel for backup generators, and fuel used in vehicles.

Scope 2 (indirect) emissions — arise from the energy we purchase, including electricity sourced from the grid, where coal and gas-fired power is produced. We use this energy to operate essential systems, including heating, ventilation, and air conditioning.

Scope 3 (indirect) greenhouse gas emissions — arise outside of Grampians Health due to our activities, including waste disposal from our operations, and energy and water transmission and distribution.

During 2024-25 we achieved a reduction in:

- total scope 1 emissions by 20%
- total scope 2 emissions by 11%
- total scope 3 emissions by 3%

Greenhouse gas emissions [tonnes CO ₂ -e]	2024-25	2023-24
Scope 1 GHG emissions from stationary fuel	6,607	8,716
Scope 1 GHG emissions from vehicle fleet	823	566
Scope 2 (indirect electricity) greenhouse gas emissions	14,207	15,934
Scope 3 Waste emissions	1,917	1,943
Scope 3 Indirect emissions from Stationary Energy	2,482	2,692
Scope 3 Indirect emissions from Transport Energy	206	142
Water emissions	362	361
Total greenhouse gas emissions	26,604	30,354

Total energy use

Total energy consumption for fuels refers to all energy used to conduct hospital activities. This includes stationary fuels like natural gas, LPG, petrol, diesel, and those used for transportation.

Over the reporting period, total energy usage decreased by 20%, primarily due to the decommissioning of buildings as part of the hospital redevelopment efforts. These indicators offer essential activity data for estimating the sources of greenhouse gas emissions.

Also during this reporting period:

- total energy use from electricity decreased 10%
- total renewable energy decreased 10% with non-renewable energy decreasing 18%
- energy use per unit of floor space decreased, corresponding with decreases in energy used per aged care occupied bed days.

Total energy use	2024-25	2023-24
Total energy usage from fuels, including stationary fuels and transport fuels [MJ]		
Total energy usage from stationary fuels	127,677,759	168,400,567
Total energy usage from transport	11,952,689	8,245,359
Total energy usage from fuels, including stationary fuels and transport fuels	139,630,448	176,645,926
Total energy usage from electricity [MJ]		
Total energy usage from electricity	80,333,460	89,847,468
Total energy usage segmented by renewable and non-renewable sources [MJ]		
Renewable	17,079,493	18,994,053
Non-renewable	202,884,415	247,499,341
Units of Stationary Energy used normalised [MJ]		
Energy per unit of Aged Care OBD	1,068	1,321
Energy per unit of LOS	1,097	1,372
Energy per unit of bed-day	541	673
Energy per unit of Separations	3,407	4,421
Energy per unit of floor space	1,489	1,849

Waste and recycling

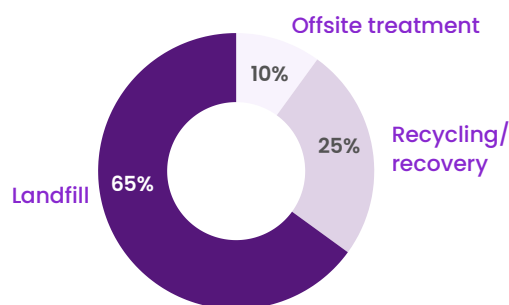
We saw a slight decline in total waste disposal during 2024-25, due in part to the introduction of new processes to capture localised waste data at Edenhope. Recycling efforts have improved with the introduction of specialised recycling streams designed to collect recyclable items that can't be included in commingled recycling. There was a large increase in confidential paper waste due to a number of factors including strengthened data collection across all sites, and the decanting and relocating of services impacted by redevelopment works.

The total units of waste per patient treated (PPT) have decreased, which aligns with our reduction in total waste generated.

A standardised system for recycling e-waste has been implemented through AXIS Worx, a local Certified Social Enterprise providing supported employment for individuals with disabilities, to create a solution for end of life e-waste products across our sites.

Our recycling rate stands at 25% for 2024-25, and greenhouse gas emissions resulting from waste continue to decline.

Waste and recycling rate 2024-25



Waste and recycling	2024-25	2023-24
Total waste to landfill per patient [kg/PPT]	2.46	2.53
Total waste to offsite treatment per patient [kg/PPT]	0.39	0.40
Total waste recycled and reused per patient [kg/PPT]	0.98	0.97
Greenhouse gas emissions associated with waste disposal [tonnes CO ₂ -e]	1,917	1,943

Waste and recycling	2024-25	2023-24
Total units of waste disposed [kg]		
Landfill (total)		
General waste	1,273,799	1,291,762
Offsite treatment		
Clinical waste - incinerated	10,482	10,511
Clinical waste - sharps	13,240	13,375
Clinical waste - treated	180,505	182,481
Recycling/recovery (disposal)		
Batteries	701	301
Cardboard	258,764	259,492
Commingled	112,421	123,589
E-waste	1,663	3,554
Fluorescent tubes	1,203	n/a
Metals	17,348	n/a
Organics (food)	4,928	84,240
Packaging plastics/films	1,400	5,200
Paper (confidential)	97,870	6,451
Paper (recycling)	2,809	5,600
PVC	2,557	3,003
Reused medical supplies and equipment	114	12
Reused textiles	116	n/a
Sterilisation wraps	4,885	4,526
Toner and print cartridges	41	552
Total units of waste disposed [kg]	1,984,847	1,994,650

NOTE: HSV general waste, commingled recycling, and clinical waste data is estimated for some sites this reporting period.

ENVIRONMENTAL SUSTAINABILITY AND PERFORMANCE NOTE: Environmental data can vary over time due to improvements with reporting or identification of new data sources. Sometimes estimates are used, often adjusted seasonally from the corresponding period of the previous year to calculate estimates. When actual data is received in the Environmental Data Management System (EDMS), it replaces estimates, contributing to year-on-year variances in environmental data.

Financial performance

Operating result

For the year ending 30 June 2025 Grampians Health recorded an operating surplus of \$0.1 million, against a break-even operational budget.

During the 2024-25 financial year, the board, management and staff continued to ensure that Grampians Health provided exceptional patient care whilst implementing a number of initiatives to work towards financial sustainability.

The reported result excludes the impact of capital, depreciation (i.e. noting the health service is not directly funded for depreciation) and net results from its consolidated entities, the Grampians Health Rural Health Alliance.

Comparative results are provided below.

	2024-25 \$'000	2023-24 \$'000	2022-23 \$'000
Operating result	86	(26,004)	468
Total revenue	1,069,276	1,007,275	928,193
Total expenses	(1,018,313)	(962,134)	(902,795)
Net result from transactions	50,965	45,141	25,398
Total other economic flows	1,122	1,729	(1,861)
Net result	52,087	46,870	23,536
Total assets	1,214,242	1,110,295	797,071
Total liabilities	387,667	335,793	285,147
Net assets / Total equity	826,575	774,502	511,925

Net results from transactions

Reconciliation between the Net result from transactions to the Net operating result.

	2024-25 (\$'000)
Operating result	86
Capital purpose income	117,292
Specific income	1,784
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	279
State supply items consumed up to 30 June 2025	–
Expenditure for capital purpose	(6,378)
Depreciation and amortisation	(62,089)
Finance costs (other)	(9)
Net result from transactions	50,965

The Net operating result is the result for which the health service is monitored in its Statement of Priorities

Consultancies

Consultancies (under \$10,000)

In 2024-25, there were 21 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2024-25 in relation to these consultancies was \$0.102m (excluding GST).

Consultancies (\$10,000 or greater)

In 2024-25 there were 15 consultancies where the total fees payable to the consultants were greater than \$10,000. The total expenditure incurred during 2024-25 in relation to these consultancies was \$0.926m (excluding GST). Details of individual consultancies can be viewed at www.gh.org.au

Review and study expenditure

The total review and study expenditure incurred during 2024-25 was \$0.624 million (excluding GST) with the detail shown below.

Review and study program	2024-25 estimated cost \$'000	2024-25 actual cost \$'000	Reasons for undertaking the review/study
Internal audit program	423	423	To provide independent assurance that Grampians Health's risk management, governance and internal control processes are operating effectively and in accordance with relevant legislative frameworks and standards.
External audit program	201	201	Provides an unbiased opinion on whether the financial statements of Grampians Health present a true and fair view of the health service's financial performance and position, in accordance with relevant legislative frameworks and standards.
Total	624	624	

ICT expenditure

The total Information and Communication Technology (ICT) expenditure incurred during 2024-25 was \$27.27 million (excluding GST), with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excl. GST)	Total = Operational expenditure and capital expenditure	Operational expenditure (excl. GST)	Capital expenditure (excl. GST)
\$19.41 million	\$7.86 million	\$0.74 million	\$7.12 million

Grants and transfer payments

Grampians Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024-25.

Disclosures

Building Act 1993

Grampians Health complies with building standards and regulations. All buildings constructed after 1994 have been designed to conform to the *Building Act 1993* and its regulations, as well as to meet our statutory regulations that relate to health and safety matters.

Grampians Health undertakes extensive Essential Safety Measures determined by the Occupancy Permits issued by the Building Surveyor to ensure all regulatory and safety standards on buildings, fire management systems, plant and equipment are maintained.

For 2024-25, we had a total of 32 projects greater than \$50,000 that were either completed, in progress or in the process of commencing work.

No. of projects requiring a building permit	15
No. of certificate of occupancy/certificate of final inspection received	8
No. of certificate of occupancy/certificate of final inspection to be received at completion of works	0
Number of emergency orders and building orders for buildings	nil to report
Number of building brought into conformity with building standards during the financial year	nil to report

National Competition Policy

As a public entity, Grampians Health has implemented and continues to compete fairly and equitably in its business processes.

Grampians Health is committed to transparent behaviour in this regard and is compliant with the Victorian Government’s Competitive Neutrality Policy. In addition, the Victorian Government’s Competitive Neutrality pricing principles have been applied to all significant business activities undertaken by Grampians Health. To date, no competitive neutrality complaints have been made or advised to Better Regulation Victoria.

Carers Recognition Act 2012

Grampians Health takes all practicable measures to ensure that our staff, and people in care relationships have an awareness and understanding of the care relationship principles outlined in the *Carers Recognition Act 2012*.

We recognise the valuable contribution of carers in our community and consider their role in policy, program, and service planning. Grampians Health aligns its actions with the Victorian Carer Strategy 2018-22 and supports inclusive consultation in its refresh to ensure local initiatives remain consistent with statewide priorities

Public Interest Disclosure Act 2012

Grampians Health had no disclosures notified to the IBAC under section 21(2) of the *Public Interest Disclosure Act 2012* in the period 1 July 2024 to 30 June 2025.

Safe Patient Care Act 2015

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

Government advertising campaign

No Government advertising campaigns with total media buy of \$100,000 or greater (exclusive of GST) were undertaken by Grampians Health in 2024-25.

Car parking fees

Grampians Health complies with the relevant hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at www.gh.org.au (applies to Ballarat campus only).

Disclosures

Local Jobs First Act 2003

The Local Jobs First Policy relates to the participation by local industry in projects, developments, procurements and other initiatives.

The Local Jobs First Policy objectives are to:

- promote employment and business growth by expanding market opportunities for local industry
- provide contractors with increased access to, and raised awareness of local industry capability
- expose local industry to world's best practice in workplace innovation, e-commerce and use of new technologies and materials
- develop local industry's international competitiveness and flexibility in responding to changing global markets by giving local industry a fair opportunity to compete against foreign suppliers.

The application of the Local Jobs First policy is consistent with the following principles relating to procurement, tendering and the provision of financial assistance by the State:

- the provision of open, clear and accountable tendering mechanisms and processes
- value for money considerations in purchasing and supply decisions over the life of a good, service or construction project.

Standard projects commenced

During 2024-25, Grampians Health commenced 6 Local Jobs First projects comprising 6 Standard projects and 0 Strategic projects totalling \$14.2M in value.

All projects were conducted in regional Victoria with local content commitment. None of these projects met the criteria (>\$20M in value) for the major project skills guarantee (MPSG) to be applied.

The outcomes expected from the implementation of the Local Jobs First Policy to these projects where information was provided are as follows:

- an average of 70% of local content commitment was made
- a total of 24.11 full-time equivalent jobs were committed including the employment creation of 4.07 FTE (and the employment retention of 20.04 FTE)
- employment creation and retention for employees was 20.40 FTE, apprentices 3.38 FTE, and Cadets 0.33 FTE.

455 small-to-medium sized businesses were engaged through the supply chain on commenced standard projects.

Standard projects completed

Grampians Health has completed 15 standard Local Jobs First projects comprising 11 from the 2023-24 financial year and 4 from the 2024-25 financial year.

Local Jobs First Reporting				Apprentice Roles		Trainee Roles		Cadet Roles		Employee Roles	
Number projects	Av. Local Content	Total Contract Value	No. SME Engaged	Created	Retained	Created	Retained	Created	Retained	Created	Retained
6	70%	\$14.2m	455	0.88	2.50	0	0	0	0.33	3.19	17.21

Disclosures

Freedom of Information Requests

Grampians Health complies with the Victorian *Freedom of Information Act 1982* (FOI). During 2024-25, Grampians Health received 1,230 applications. Of these requests, 1 was from a Member of Parliament, 0 from the media, and the remainder from the general public.

Grampians Health made 1,203 FOI decisions during the 12 months ended 30 June 2025, where access to documents was granted in full, in part or denied in full.

There were 1,114 decisions made within the statutory time periods. Of the decisions made outside time, 63 were made within a further 45 days and 26 decisions were made in greater than 45 days.

During 2024-25, 2 requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. There were no requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Information on how to submit an FOI is available locally on our campus websites, which can be accessed at www.gh.org.au

Additional information available on request

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 statement that declarations of pecuniary interests have been duly completed by all relevant officers
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary

- details of publications produced by the entity about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates, and levies charged by the entity
- details of any major external reviews carried out on the entity
- details of major research and development activities undertaken by the entity
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved, and
- 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 CEO@gh.org.au

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Attestations & Declarations

Grampians Health Financial Management Compliance Attestation Statement

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



Hon Rob Knowles AO
Chair, Board of Directors
Grampians Health
30 September 2025

Data Integrity Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2025

Asset Management Accountability Framework Declaration

I, Rob Knowles, on behalf of the Responsible Body, certify that Grampians Health complies with the mandatory requirements of the Asset Management Accountability Framework (AMAF).



Hon Rob Knowles AO
Chair, Board of Directors
Grampians Health
30 September 2025

Integrity, Fraud and Corruption Declaration

I, Dale Fraser, certify that Grampians Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Grampians Health during the year.



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2025

Conflict of Interest Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2025

Compliance with Health Share Victoria (HSV) Purchasing Policies Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2025

The background of the cover page is a solid dark purple. In the top right corner, there is a large, curved, light purple shape that resembles a stylized 'G' or a partial circle. The text is white and positioned in the upper left area of the page.

Grampians Health

Financial Statements

30 June 2025



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Board member's, Accountable Officer's and Chief Financial Officer's declaration

The attached financial statements for Grampians Health 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 for the year ended 30 June 2025 and the financial position of Grampians Health at 30 June 2025.

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

We authorise the attached financial statements for issue on 30 September 2025.



Hon Rob Knowles AO
Chair, Board of Directors

Grampians Health

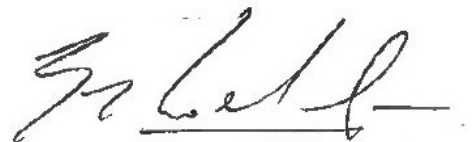
Ballarat
30 September 2025



Mr Dale Fraser
Chief Executive Officer

Grampians Health

Ballarat
30 September 2025



Mr Eric Kochskamper
Chief Financial Officer

Grampians Health

Ballarat
30 September 2025

Independent Auditor's Report

To the Board of Grampians Health

Opinion	<p>I have audited the financial report of Grampians Health (the health service) which comprises the:</p> <ul style="list-style-type: none">• balance sheet as at 30 June 2025• 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. <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and Australian Accounting Standards – Simplified Disclosures.</p>
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Board's responsibilities for the financial report	<p>The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the <i>Financial Management Act 1994</i>, and for such internal control as the Board determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

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

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

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

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

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



MELBOURNE
3 October 2025

Simone Bohan
as delegate for the Auditor-General of Victoria

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

	Note	2025 \$'000	2024 \$'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	674,966	546,514
Other sources of income	2.1	386,126	455,191
Non-operating activities		8,185	5,570
Total revenue and income from transactions		1,069,277	1,007,275
Expenses from transactions			
Employee expenses	3.1	(734,666)	(702,756)
Supplies and consumables	3.1	(126,016)	(127,278)
Finance expenses	6.1	(487)	(244)
Depreciation and amortisation	4.1, 4.2	(62,089)	(40,449)
Operating expenses	3.1	(95,054)	(91,406)
Total expenses from transactions		(1,018,312)	(962,134)
Net result from transactions – net operating balance		50,965	45,141
Other economic flows included in the net result			
Net gain / (loss) on sale of non-financial assets		872	(146)
Net gain on financial instruments		497	1,103
Other (loss) / gain from other economic flows		(247)	772
Total other economic flows included in the net result		1,122	1,729
Net result		52,087	46,870
Other economic flows – other comprehensive income			
Items that will not be reclassified to net result			
Changes in asset revaluation reserve surplus		-	215,710
Total other comprehensive income		-	215,710
Comprehensive result		52,087	262,580

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

Grampians Health
Balance Sheet
As at 30 June 2025

	Note	2025 \$'000	2024 \$'000
Financial assets			
Cash and cash equivalents	6.2	110,997	92,420
Receivables	5.1	89,864	70,171
Contract assets	5.2	4,378	4,212
Investments and other financial assets	5.3	21,960	19,645
Total financial assets		227,199	186,448
Non-financial assets			
Prepayments		6,051	5,066
Inventories		2,318	2,289
Property, plant and equipment	4.1	975,288	916,396
Intangible assets	4.2	3,353	96
Total non-financial assets		987,010	923,847
Total assets		1,214,209	1,110,295
Liabilities			
Payables	5.4	129,162	95,078
Contract liabilities	5.5	6,055	7,029
Borrowings	6.1	15,434	10,721
Employee benefits	3.1(b)	174,774	161,412
Other liabilities	5.6	62,195	61,553
Total liabilities		387,620	335,793
Net assets		826,589	774,502
Equity			
Property, plant and equipment revaluation surplus		301,403	301,403
Restricted specific purpose reserve		3,041	3,041
Contributed capital		407,677	407,677
Accumulated surplus		114,468	62,381
Total equity		826,589	774,502

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

Grampians Health

Statement of Changes in Equity

For the Financial Year Ended 30 June 2025

	Property, plant and equipment revaluation surplus \$'000	Restricted specific purpose reserve \$'000	Contributed capital \$'000	Accumulated surplus / (deficit) \$'000	Total \$'000
Balance Sheet at 1 July 2023	85,693	3,044	407,677	15,511	511,925
Net result for the year	-	(3)	-	46,870	46,867
Other comprehensive income for the year	215,710	-	-	-	215,710
Balance at 30 June 2024	301,403	3,041	407,677	62,381	774,502
Net result for the year	-	-	-	52,087	52,087
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2025	301,403	3,041	407,677	114,468	826,589

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

Grampians Health
Cash Flow Statement

For the Financial Year Ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Cash flows from operating activities			
Operating grants from Government, State		716,341	698,165
Operating grants from Government, Commonwealth		125,703	107,845
Capital grants from Government, State		21,118	18,831
Capital grants from Government, Commonwealth		-	555
Donations and bequests received		3,370	2,272
Patient and resident fees		25,087	24,729
Interest and investment income received		5,869	3,996
GST received from the ATO		17,302	3,353
Other receipts		56,814	59,270
Total receipts		971,604	919,016
Employee expenses paid		(718,893)	(690,104)
Supplies and consumables paid		(120,575)	(67,539)
Other payments		(92,670)	(102,059)
Total payments		(932,138)	(859,702)
Net cash flows from operating activities		39,466	59,314
Cash flows from investing activities			
Purchase of property, plant and equipment		(25,122)	(33,985)
Proceeds from disposal of property, plant and equipment		(1,122)	(1,796)
Net cash flows from / (used in) investing activities		(26,244)	(35,781)
Cash flows from financing activities			
Proceeds from borrowings		7,602	524
Repayment of borrowings		(2,889)	(1,832)
Receipt of accommodation deposits		23,317	3,778
Repayment of accommodation deposits		(22,675)	(14,038)
Net cash flows from / (used in) financing activities		5,355	(11,568)
Net increase / (decrease) in cash and cash equivalents held		18,577	11,964
Cash and cash equivalents at beginning of year		92,420	80,456
Cash and cash equivalents at end of year	6.2	110,997	92,420

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



Note 1 About this report

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

Grampians Health is a not-for-profit entity established as a public agency on 1 November 2021 under the Health Services Act 1998 (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.

Structure

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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).

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

These general purpose financial statements have been prepared in accordance with the Financial Management Act (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 Grampians Health.

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 Grampians Health on 30 September 2025.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting entity

The financial statements include all the controlled activities of Grampians Health.

Grampians Health's principal address is:
Drummond Street North
Ballarat Victoria, 3350

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

Grampians Health’s overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians.

Grampians Health is predominantly funded by grant funding for the provision of services and also receives income from the supply of services.

Structure

Note 2.1	Revenue and income from transactions	64
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Note 2.1 Revenue and income from transactions

	Note	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	674,966	546,514
Other sources of income	2.1(b)	386,126	455,191
Non-operating activities		8,185	5,570
Total revenue and income from transactions		1,069,277	1,007,275

Note 2.1 (a) Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government Grants, State – Operating	477,473	377,524
Government Grants, Commonwealth – Operating	125,703	107,845
Patient and resident fees	24,702	24,729
Commercial activities ⁱ	47,088	36,416
Total revenue from contracts with customers	674,966	546,514

ⁱ Commercial activities represent business activities which Grampians Health enters to support its operations.

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 Grampians Health's goods or services.

Grampians Health 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 Grampians Health's revenue streams, with information detailed below relating to Grampians Health's material revenue streams:

Government grant	Performance obligations
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	<p>NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid.</p> <p>The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity.</p> <p>Revenue is recognised at point in time, which is when a patient is discharged.</p>
Pharmaceutical Benefits Scheme (PBS) funding	<p>The performance obligations for PBS funding are recognised as defined Pharmaceutical prescriptions or orders are processed that satisfy and are completed in accordance with the Commonwealth PBS guidelines.</p> <p>Revenue is recognised at a point in time, which is when a patients prescription is processed and is in accordance with the criteria set out in the PBS regulations.</p>

Patient and resident fees

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

Note 2.1 (b) Other sources of income

	Note	2025 \$'000	2024 \$'000
Government grants, State – Operating		242,393	308,857
Government grants, State – Capital		111,023	113,710
Government grants, Commonwealth – Capital		4,457	555
Other capital purpose income		3,370	2,272
Other income from operating activities		24,094	28,223
Assets received free of charge or for nominal consideration		789	1,574
Total other sources of income		386,126	455,191

How we recognise other sources of income**Government grants**

Grampians Health 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 Grampians Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Grampians Health 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 Grampians Health 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 Grampians Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by Grampians Health in delivering services and outputs. In Note 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

Note 3.1	Expenses incurred in the delivery of services	68
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Note 3.1 Expenses incurred in the delivery of services

	Note	2025 \$'000	2024 \$'000
Employee expenses	3.1(a)	734,666	702,756
Other operating expenses	3.1(c)	221,070	218,685
Total expenses incurred in the delivery of services		955,736	921,441

Note 3.1 (a) Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	565,424	531,706
Defined contribution superannuation expense	64,002	57,676
Defined benefit superannuation expense	212	443
Other on-costs	99,623	103,206
Agency expenses	5,405	9,724
Total employee expenses	734,666	702,756

How we recognise employee expenses

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

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

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

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

Note 3.1 (b) Employee related provisions

	2025	2024
	\$'000	\$'000
Current provisions for employee benefits		
Accrued days off	2,103	1,779
Annual leave	58,049	51,700
Long service leave	76,889	72,640
Provision for on-costs	17,903	17,402
Total current provisions for employee expenses	154,944	143,521
Non-current provisions for employee benefits		
Long service leave	17,327	15,645
Provision for on-costs	2,503	2,245
Total non-current provisions for employee expenses	19,830	17,890
Total provisions for employee expenses	174,774	161,411

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 Grampians Health 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 Grampians Health expects to wholly settle within 12 months; or
- Present value - If Grampians Health does not expect to wholly settle within 12 months.

Long service leave

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

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

The components of this current LSL liability are measured at:

- Nominal value - If Grampians Health expects to wholly settle within 12 months; or
- Present value - If Grampians Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and is disclosed as a non-current liability. 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 workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Note 3.1 (c) Other operating expenses

	2025	2024
	\$'000	\$'000
Supplies and consumables		
Drug supplies	38,486	33,662
Medical and surgical supplies	65,695	74,447
Pathology supplies	9,083	8,292
Other supplies and consumables	12,751	10,877
Total supplies and consumables	126,015	127,278
Operating expenses		
Fuel, light, power and water	9,005	7,759
Repairs and maintenance	17,058	18,769
Medical indemnity insurance	12,247	10,388
Expenditure for capital purpose	5,356	3,889
Other administration expenses	51,389	50,602
Total operating expenses	95,054	91,406
Total other operating expenses	221,070	218,685

How we recognise other operating expenses**Expense recognition**

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

Supplies and consumables

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

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

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

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

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 Grampians Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Note 4 Key assets to support service delivery

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

Structure

Note 4.1	Property, plant and equipment	72
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Note 4.3	Depreciation and amortisation	76

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Land at fair value - Crown	51,425	48,705	-	-	51,425	48,705
Land at fair value - Freehold	40,268	42,988	-	-	40,268	42,988
Buildings at fair value	789,734	617,267	(47,754)	(895)	741,980	616,372
Works in progress at cost	90,936	155,494	-	-	90,936	155,494
Plant, equipment and vehicles at fair value	72,254	65,168	(40,517)	(35,341)	31,738	29,827
Medical equipment	66,479	63,677	(47,537)	(40,667)	18,942	23,010
Total property, plant and equipment	1,111,096	993,299	(135,808)	(76,903)	975,288	916,396

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.

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

	Land \$'000	Buildings \$'000	Work in progress \$'000	Plant and equipment \$'000	Medical equipment \$'000	Total \$'000
Balance at 1 July 2024	91,690	611,925	155,494	24,148	23,010	906,266
Additions	-	262	109,719	1,742	1,633	113,356
Net transfers between classes	-	168,096	(174,277)	4,622	1,559	-
Disposals	-	(1)	-	(47)	(44)	(92)
Depreciation	-	(46,060)	-	(5,822)	(7,217)	(59,100)
Balance at 30 June 2025	91,690	734,222	90,936	24,642	18,942	960,432

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, Grampians Health 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 Grampians Health's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Land	3	3	-	-	3	3
Buildings at fair value	9,451	5,343	(1,694)	(895)	7,757	4,448
Plant, equipment and vehicles at fair value	11,403	9,008	(4,307)	(3,329)	7,096	5,679
Total right-of-use assets	20,857	14,354	(6,001)	(4,224)	14,856	10,130

	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Total \$'000
Balance at 1 July 2024	3	4,448	5,679	10,130
Additions	-	4,418	3,622	8,040
Net transfers between classes	-	-	-	-
Assets held for sale	-	-	83	83
Disposals	-	-	(477)	(477)
Depreciation	-	(1,109)	(1,811)	(2,919)
Balance at 30 June 2025	3	7,757	7,096	14,856

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

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

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

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

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

Note 4.1 (c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Grampians Health, which are typically specialised in nature and held for continuing use 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.

Note 4.2 Intangible assets

	Software 2025 \$'000	Intangible Work in Progress 2025 \$'000	Total 2025 \$'000
Gross carrying amount			
Opening Balance	862	-	862
Additions	67	3,260	3,327
Closing Balance	929	3,260	4,189
Accumulated amortisation and impairment			
Opening Balance	(766)	-	(766)
Additions	(70)	-	(70)
Closing Balance	(836)	-	(836)
Net carrying value at the end of the financial year	93	3,260	3,353

How we recognise intangible assets

Initial recognition

Purchased intangible assets are initially recognised at cost.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is also recognised at cost if, and only if, all of the following are demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use or sale;
- An intention to complete the intangible asset and use or sell it;
- The ability to use or sell the intangible asset;
- The intangible asset will generate probable future economic benefits;
- The availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

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

Subsequent measurement

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

Impairment

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Note 4.3 Depreciation and amortisation

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.

How we recognise amortisation

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

Useful lives of non-current assets

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

	2025	2024
Buildings	20 - 100 years	20 - 100 years
Leasehold buildings	2 - 60 years	2 - 60 years
Plant, equipment and vehicles (including leased assets)	3 - 10 years	3 - 10 years
Intangible assets	3 - 4 years	3 - 4 years

Note 5 Other assets and liabilities

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

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Note 5.1 Receivables

	Note	2025 \$'000	2024 \$'000
Current receivables			
Contractual			
Trade debtors		36,274	18,231
Deposits paid		151	137
Allowance for impairment losses of contract receivables		(3,702)	(2,935)
Total contractual receivables		32,723	15,433
Statutory			
GST receivable		1,745	1,706
Total statutory receivables		1,745	1,706
Total current receivables		34,468	17,139
Non-current receivables			
Contractual			
Long service leave – Department of Health		55,396	53,032
Total non-current receivables		55,396	53,032
Total receivables		89,864	70,171
Total receivables		89,864	70,171
GST receivable		(1,745)	(1,706)
Total financial assets classified as receivables	7.1	88,119	68,465

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 Contract assets

	Note	2025 \$'000	2024 \$'000
Current			
Contract assets		4,378	4,212
Total current contract assets		4,378	4,212
Total contract assets	7.1	4,378	4,212

How we recognise contract assets

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

Note 5.3 Investments and other financial assets

	Operating Fund		Specific purpose fund	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Current Investments and other financial assets				
Financial assets at Fair Value through net result				
Fixed bonds and floating rate notes	1,231	945	-	-
Equities	-	-	3,041	3,041
Total current investments and other financial assets	1,231	945	3,041	3,041
Total investments and other financial assets	1,231	945	3,041	3,041

Represented by:

Grampians Health investments	1,231	945	3,041	3,041
Monies held in trust				
- Patient monies held in trust	-	-	-	-
- State Wide Equipment Program	-	-	-	-
- Grampians Integrated Cancer Services	-	-	-	-
Total investments and other financial assets	1,231	945	3,041	3,041

How we recognise investments and other financial assets

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

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

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

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

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

Trust Fund		Total	
2025	2024	2025	2024
\$'000	\$'000	\$'000	\$'000
-	-	1,231	945
17,688	15,659	20,729	18,700
17,688	15,659	21,960	19,645
17,688	15,659	21,960	19,645

16,491	14,420	20,763	18,406
16	79	16	79
79	79	79	79
1,102	1,081	1,102	1,081
17,688	15,659	21,960	19,645

Note 5.4 Payables

	Note	2025 \$'000	2024 \$'000
Current payables			
Contractual			
Trade creditors and accrued expenses		86,100	59,945
Accrued salaries and wages		16,312	13,900
Deferred capital grant revenue	5.4 (a)	26,750	21,233
Total contractual payables		129,162	95,078
Total current payables		129,162	95,078
Financial liabilities classified as payables			
Total payables		129,162	95,078
Deferred grant income		(26,750)	(21,233)
Total financial liabilities classified as payables	7.1	102,412	73,845

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

The normal credit terms for accounts payable are usually Net 60 days.

Note 5.4(a) Movement in deferred capital grant income

	2025 \$'000	2024 \$'000
Opening balance of deferred capital grant income	21,232	9,448
Grant consideration for capital works that was included in the deferred grant liability balance (adjusted for AASB 1058) at the beginning of the year	-	-
Grant consideration for capital works received during the period	24,857	30,982
Deferred grant revenue recognised as income due to completion of capital works	(19,339)	(19,198)
Closing balance of deferred capital grant income	26,750	21,232

How we recognise deferred capital grant income

Grant consideration was received from Department of Health and the Commonwealth Government for various capital projects and equipment purchases.

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

Note 5.5 Contract liabilities

	2025	2024
	\$'000	\$'000
Current		
Contract liabilities	5,933	6,966
Total current contract liabilities	5,933	6,966
Non-current		
Contract liabilities	122	63
Total non-current contract liabilities	122	63
Total contract liabilities	6,055	7,029

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers for operational programs, where these services are to be provided over a specified time frame. The balance of contract liabilities was slightly lower than the previous reporting period due to timing of receipts.

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

Note 5.6 Other liabilities

	Note	2025 \$'000	2024 \$'000
Current			
Monies held in trust			
Refundable Accommodation Deposit (RAD)		60,998	60,314
Patient monies held in trust		16	79
Grampians integrated cancer service		1,102	1,080
State wide equipment program		79	79
Total other liabilities		62,195	61,552
Monies in held in trust represented by:			
Other financial assets		17,688	15,659
Cash and cash equivalents	6.2	44,507	45,893
Total other liabilities		62,195	61,552

How we recognise other liabilities**Refundable Accommodation Deposit (RAD) / Accommodation Bond liabilities**

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

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

Note 6 How we finance our operations

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

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

Structure

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Note 6.1 Borrowings

	Note	2025 \$'000	2024 \$'000
Current borrowings			
Lease liability	6.1(a)	3,897	2,770
Department of Health, loan		118	118
Total current borrowings		4,015	2,888
Non-current borrowings			
Lease liability	6.1(a)	11,419	7,724
Department of Health, loan		-	109
Total non-current borrowings		11,419	7,833
Total borrowings		15,434	10,721

How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from funds raised through lease liabilities and other interest-bearing arrangements.

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

Terms and conditions of borrowings

					Maturity dates				
	Note	Weighted average interest rate (%)	Carrying amount \$'000	Nominal amount \$'000	Less than 1 month \$'000	1-3 month \$'000	3 month - 1 year \$'000	1-5 years \$'000	Over 5 years \$'000
30 June 2025									
Lease liabilities	6.1	5%	15,316	17,362	328	984	2,624	8,190	3,190
Advances from government	6.1	-	118	118	-	-	118	-	-
Total financial liabilities			15,434	17,480	328	984	2,742	8,190	3,190
30 June 2024									
Lease liabilities	6.1	7%	10,493	11,188	241	700	1,866	6,523	1,164
Advances from government	6.1	-	228	237	-	-	119	109	-
Total financial liabilities			10,721	11,425	241	700	1,985	6,632	1,164

Interest expense

	2025 \$'000	2024 \$'000
Interest on lease liabilities	473	193
Interest other	14	51
Total interest expense	487	244

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest on bank overdrafts and short term and long-term borrowings, interest component of lease repayments and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest expense is recognised in the period in which it is incurred.

Grampians Health recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

Note 6.1 (a) Lease liabilities

	2025 \$'000	2024 \$'000
Current lease liabilities		
Lease liability	3,897	2,770
Total current lease liabilities	3,897	2,770
Non-current lease liabilities		
Lease liability	11,419	7,724
Total non-current lease liabilities	11,419	7,724
Total lease liabilities	15,316	10,494

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

	2025 \$'000	2024 \$'000
Repayments in relation to leases are payable as follows:		
Not longer than one year	3,936	2,862
Longer than 1 year and not later than 5 years	8,190	6,466
Longer than 5 years	3,190	1,166
Minimum future lease liability	15,316	10,494
Less unexpired finance expenses	-	-
Present value of lease liability	15,316	10,494

How we recognise lease liabilities

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

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

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

Grampians Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased buildings	3 to 15 years
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. Grampians Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1(c)).

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

	2025 \$'000	2024 \$'000
Expenses related to short term leases	2,042	1,473
Total amounts recognised as expense	2,042	1,473

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Grampians Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 0% to 5.94%.

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

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

Subsequent measurement

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

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

Leases with significantly below market terms and conditions

Grampians Health holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as concessionary lease arrangements. Grampians Health measures its concessionary lease arrangements at cost, both initially and subsequently.

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

Description of leased asset	Our dependence on lease	Nature and terms of lease
The land situated on the corner of Tuppen and Hertford Streets, Sebastopol, 3356.	<p>The leased land allows the ability to access site to provide clinical services to the community.</p> <p>Grampians Health's dependence on this lease is considered medium due to the property configuration, and the financial and operational disruption of relocating.</p>	<p>The lease term is 30 years, which commenced July 2013.</p> <p>Lease payable of \$1 are required per annum.</p>
The land situated at 2 Arnott Street, Horsham.	<p>The leased land allows the ability to access site to provide clinical services to the community.</p> <p>Grampians Health's dependence on this lease is considered medium due to the property configuration, and the financial and operational disruption of relocating.</p>	<p>The lease term is 50 years, which commenced May 1996.</p> <p>Lease payable of \$1 are required per annum.</p>
The land situated at 10 Fawcett Road, Lucas, Ballarat	<p>The leased land allows the ability to access site to provide clinical services to the community.</p> <p>Grampians Health's dependence on this lease is considered medium due to the property configuration, and the financial and operational disruption of relocating.</p>	<p>The lease term is 25 years, which commenced June 2024.</p> <p>Lease payable of \$104 are required per annum.</p>

Note 6.2 Cash and cash equivalents

	Note	2025 \$'000	2024 \$'000
Cash on hand		18	21
Cash at bank		50,282	31,977
Cash at bank - CBS		16,190	14,529
Total cash held for operations		66,490	46,527
Cash at bank - CBS		44,507	45,893
Total cash held as monies in trust		44,507	45,893
Total cash and cash equivalents	7.1	110,997	92,420

Note 6.3 Commitments for expenditure

	Less than 1 year \$'000	1-5 years \$'000	Over 5 years \$'000	Total \$'000
30 June 2025				
Capital expenditure commitments	32,377	7,736	-	40,113
Operating expenditure commitments	15,922	6,468	455	22,845
Total commitments (inclusive of GST)	48,299	14,204	455	62,957
Less: GST recoverable	(3,544)	(2,044)	(41)	(5,630)
Total commitments (exclusive of GST)	44,754	12,160	414	57,328
30 June 2024				
Capital expenditure commitments	34,115	2,639	-	36,754
Operating expenditure commitments	14,056	8,574	202	22,832
Total commitments (inclusive of GST)	48,171	11,213	202	59,586
Less: GST recoverable	(4,219)	(1,019)	(18)	(5,257)
Total commitments (exclusive of GST)	43,951	10,193	184	54,329

How we disclose our commitments

Our commitments relate to expenditure commitments.

Expenditure commitments

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

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

	Note	Carrying amount \$'000	Net gain/(loss \$'000	Total interest income/ (expense) \$'000	Fee income/ (expense) \$'000	Impairment loss \$'000
30 June 2025						
Financial assets at amortised cost						
Cash and cash equivalents	6.2	110,998	-	7,749	(56)	-
Receivables	5.1, 5.2	92,497	-	-	-	(78)
Financial assets at fair value through net result						
Investments and other financial assets	5.3	21,960	1,264	-	(767)	-
Total financial assets ⁱ		225,455	1,264	7,749	(823)	(78)
Financial liabilities at amortised cost						
Payables and contract liabilities	5.4	102,412	-	-	-	-
Borrowings	6.1	15,435	-	(473)	-	-
Accommodation bonds	5.6	60,998	-	-	-	-
Patient monies held in trust	5.6	1,197	-	-	-	-
Total financial liabilities ⁱ		180,042	-	(473)	-	-

	Note	Carrying amount \$'000	Net gain/(loss \$'000	Total interest income/ (expense) \$'000	Fee income/ (expense) \$'000	Impairmen t loss \$'000
30 June 2024						
Financial assets at amortised cost						
Cash and cash equivalents	6.2	92,420	-	4,978	(64)	-
Receivables	5.1,5.2	72,677	-	-	-	(42)
Financial assets at fair value through net result						
Investments and other financial assets	5.3	19,645	1,287	-	(183)	-
Total financial assets ⁱ		184,742	1,287	4,978	(247)	(42)
Financial liabilities at amortised cost						
Payables and contract liabilities	5.4	73,845	-	-	-	-
Borrowings	6.1	10,721	-	(193)	-	-
Accommodation bonds	5.6	60,314	-	-	-	-
Patient monies held in trust	5.6	1,238	-	-	-	-
Total financial liabilities ⁱ		146,119	-	(193)	-	-

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

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 Grampians Health solely to collect the contractual cash flows; and
- The assets' contractual terms give rise to cash flows that are solely payments of principal and 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.

Grampians Health 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

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

- It eliminates or significantly reduces a measurement or recognition inconsistency (i.e. 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.

Grampians Health 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.

Grampians Health recognises the following liabilities in this category:

- Payables (excluding statutory payables and contract liabilities);
- Borrowings; and
- Other liabilities (including monies held in trust).

Derivative financial instruments

A derivative financial instrument is classified as a held for trading financial asset or financial liability. They are initially recognised at fair value on the date on which a derivative contract is entered.

Derivatives are carried as assets when their fair value is positive and as liabilities when their fair value is negative. Any gains or losses arising from changes in the fair value of derivatives after initial recognition, are recognised in the consolidated comprehensive operating statement as an 'other economic flow' included in the net result.

Derecognition of financial assets

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

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

The levels are as follows:

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

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

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

Fair value determination: management investment schemes

Grampians Health invests in managed funds, which are not quoted in an active market, and which may be subject to restrictions on redemptions.

Grampians Health considers the valuation techniques and inputs used in valuing these funds as part of its due diligence prior to investment, to ensure they are reasonable and appropriate. The net asset value of these funds is used as an input into measuring their fair value, and is adjusted as necessary, to reflect restrictions and redemptions, future commitments and other specific factors of the fund.

Grampians Health classifies these funds as Level 2.

Fair value determination: equities

Equities are valued at fair value with reference to a quoted (unadjusted) market price from an active market. Grampians Health classifies these instruments as Level 1.

Fair value determination: non-financial physical assets

AASB 2010-10 *Amendments to Australian Accounting Standards - Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F Australian Implementation Guidance for Not-for-Profit Public Sector Entities. Appendix F explains and illustrates the application of the principles 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 Grampians Health's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, Grampians Health 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, Grampians Health considers the current use as its highest and best use.

- **Non-specialised land and non-specialised buildings**

Non-specialised land and non-specialised buildings 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, Grampians Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact their fair value.

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

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

- **Vehicles**

Vehicles are valued using the current replacement cost method. Grampians Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Grampians Health's who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) 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.

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Likely valuation approach	Significant assumption
Specialised land	Market approach	Community service obligation (CSO) Adjustment ⁱ
Specialised buildings	Current replacement cost	<ul style="list-style-type: none"> • Direct cost per square metre • Useful life of specialised buildings
Plant and equipment at fair value	Current replacement cost	<ul style="list-style-type: none"> • Cost per unit • Useful life of plant and equipment
Medical equipment at fair value	Current replacement cost	<ul style="list-style-type: none"> • Cost per unit • Useful life of medical equipment

ⁱ A community service obligation (CSO) of 5% to 20% was applied to Grampians Health's specialised land.

Note 8 Other Disclosures

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

Structure

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Note 8.1 Ex-gratia expenses

Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

Grampians Health had no recorded ex-gratia expenses for year ended 30 June 2025.

Note 8.2 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	27 Jun 2022 - 30 Jun 2025
Minister for Ambulance Services	2 Oct 2023 - 30 Jun 2025
Minister for Health Infrastructure	5 Dec 2022 - 19 Dec 2024
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 Dec 2024 - 30 Jun 2025
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2025
Minister for Ageing	2 Oct 2023 - 30 Jun 2025
Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2025
Minister for Disability	2 Oct 2023 - 30 Jun 2025
Governing Board	
Hon Rob Knowles AO (Chair of Board)	20 Nov 2024 - 30 Jun 2025
Mr Bill Brown (former Chair of Board)	1 Jul 2024 - 20 Nov 2024
Mr Anthony Schache	1 Jul 2024 - 30 Jun 2025
Ms Avril Hogan	1 Jul 2024 - 30 Jun 2025
Ms Cora Trevarthen	1 Jul 2024 - 30 Jun 2025
Mr David Anderson	1 Jul 2024 - 30 Jun 2025
Ms Heather Pickard OAM	1 Jul 2024 - 30 Jun 2025
Mr Meghraj Thakkar	1 Jul 2024 - 30 Jun 2025
Ms Maree Aitken	1 Jul 2024 - 30 Jun 2025
Mr Nick Jones	1 Jul 2024 - 30 Jun 2025
Ms Rhian Jones	1 Jul 2024 - 30 Jun 2025
Accountable Officer	
Mr Dale Fraser (Chief Executive Officer)	1 Jul 2024 - 30 Jun 2025

Remuneration of responsible persons

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

	2025 No.	2024 No.
Income band		
\$30,000 - \$39,999	10	8
\$40,000 - \$49,999	1	1
\$80,000 - \$89,999	-	1
\$480,000 - \$489,999	1	-
\$500,000 - \$509,999	-	1
Total numbers	12	11

	2025 \$'000	2024 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	934	922

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

Note 8.3 Remuneration of executives

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

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

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

	2025 \$'000	2024 \$'000
Remuneration of executive officers (Including Key Management Personnel disclosed in Note 8.4)		
Total remuneration ⁱ	2,264	2,830
Total number of executives	7	9
Total annualised employee equivalent ⁱⁱ	7	8

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Grampians Health under AASB124 *Related Parties Disclosures* and are also reported within Note 8.4 Related Parties.

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

Note 8.4 Related parties

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

- All key management personnel (KMP) and their close family members and personal business interests;
- All cabinet ministers (where applicable) and their close family members;
- Jointly controlled operations - a member of the Grampians Rural Health Alliance (GRHA); 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

Grampians Health received funding from the DH of \$719.9m (2024: \$686.3m) and indirect contributions of \$1.3m (2024: \$1.0m). Balances outstanding as at 30 June 2025 are \$0.8m (2024: nil).

Expenses incurred by Grampians Health 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 Grampians Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation 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 Grampians Health and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of Grampians Health and its controlled entities are deemed to be KMPs. This includes the following:

Entity	KMPs	Position title
Grampians Health	Hon Rob Knowles AO	Chair of the Board
Grampians Health	Mr Bill Brown	Former Chair of the Board
Grampians Health	Mr Anthony Schache	Board Member
Grampians Health	Ms Avril Hogan	Board Member
Grampians Health	Ms Cora Trevarthen	Board Member
Grampians Health	Mr David Anderson	Board Member
Grampians Health	Ms Heather Pickard OAM	Board Member
Grampians Health	Mr Meghraj Thakkar	Board Member
Grampians Health	Ms Marie Aitken	Board Member
Grampians Health	Mr Nick Jones	Board Member
Grampians Health	Ms Rhian Jones	Board Member
Grampians Health	Mr Dale Fraser	Chief Executive Officer
Grampians Health	Mr Ben Kelly	Chief Operating Officer
Grampians Health	Ms Claire Woods	Chief People Officer
Grampians Health	Mr Eric Kochskamper	Chief Financial Officer
Grampians Health	Ms Leanne Shea	Chief Nursing and Midwifery Officer
Grampians Health	Mr Matthew Hadfield	Chief Medical Officer
Grampians Health	Mr Robert Grenfell	Chief Strategy and Regions Officer
Grampians Health	Ms Veronica Furnier	Chief Redevelopment and Infrastructure Officer

Remuneration of Key management personnel

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

	2025 \$'000	2024 \$'000
Total compensation - KMPs ¹	3,198	3,752

¹ KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives

Note 8.5 Remuneration of auditors

	2025 \$'000	2024 \$'000
Victorian Auditor-General's Office		
Audit of the financial statements	201	190
Total remuneration of auditors	201	190

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

		Ownership interest	
	Principle activity	2025 %	2024 %
Grampians Rural Health Alliance (GRHA)	The member entities have committed to the establishment of the rural health Information and Communication Technology (ICT) alliance.	75.90%	76.91%

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

	2025 \$'000	2024 \$'000
Total revenue and income	9,243	7,604
Total expenses	(8,709)	(7,714)
Total net result	534	(110)
Total other economic flows	-	-
Comprehensive result for the year	534	(110)
Total assets	22,130	9,862
Total liabilities	(18,125)	(6,345)
Total equity	4,005	3,517

Contingent liabilities and capital commitments

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

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