CENTRAL GIPPSLAND HEALTH



ANNUAL REPORT

2025/26





Central Gippsland Health Service acknowledges the Traditional Owners of the land - the Gunaikurnai people – and pays respect to their Elders past, present and emerging.

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Our Vision

is of a safe and healthy community where everyone feels valued, supported and can participate

Our Mission

is to provide the health and community services that will best meet the needs of our community

IN DOING SO WE WILL:

- support community identified need and promote genuine community participation
- place people at the centre of our care
- support our community to access services that maintain and improve their health and wellbeing, and minimise the negative impact of injury
- enable people to benefit from our integrated services
- allocate and use our resources effectively and efficiently
- achieve through collaboration and partnerships
- be creative, innovative and open to discovery

Our Values

Social Justice – Equity of Outcome

TO DO THIS WE WILL:

- focus on achieving equity of outcome for individuals and groups
- understand the impact of poverty, culture, location and disadvantage on behaviour and health status
- act to support the disadvantaged and marginalised among us
- ensure our fees policy considers our client's ability to pay
- support harm minimisation and targeted community support programs
- be compassionate and embrace diversity

Honesty, Transparency and Integrity

TO DO THIS WE WILL:

- set and model standards of behaviour consistent with the Code of Conduct for Victorian Public Sector Employees
- embrace transparency and provide meaningful and clear information to our stakeholders
- support ethical and caring leadership development at all levels of the organisation

Quality – Excellence with the Person at the Centre

TO DO THIS WE WILL:

- embed a quality culture of continuous improvement across the organisation such that our client's experience with Central Gippsland Health Service is characterised by the following: seamless, coordinated, integrated and timely provision of person-centred care
- provide facilities and equipment that enable the provision of safe, efficient, effective and sustainable service delivery
- place a very high value on person-centred care and excellent customer service

Value and Support our People

TO DO THIS WE WILL strive to provide a healthy, caring and safe environment where we are supported to:

- pursue our personal goals and objectives
- behave consistently with Central Gippsland Health Service's values and enthusiastically support the achievement of our strategic and service delivery goals and objectives
- put forward ideas, participate in decision-making, be creative and innovative
- develop our careers in a manner consistent with our strengths and interests
- make work a positive contributor to our happiness and wellbeing

Caring, Support, Compassion and Understanding

TO DO THIS WE WILL:

- be welcoming, caring, supportive, share knowledge freely and support learning in every setting
- relate to our community with understanding and compassion
- assist our community to understand their rights and responsibilities, and have access to genuine complaints resolution processes
- support our community to identify the need for, and make decisions relating to, the development, delivery and evaluation of services
- develop partnerships that benefit our community
- appreciate the benefits that come from diversity

Strategic Plan Summary

PURPOSE

Our purpose is to provide excellent high-quality, person-centred care for our community across every stage of life.

To achieve our purpose, we work together and with our community to provide integrated, sustainable care and services that are inclusive and accessible to all. We strive to deliver excellent and sustainable health outcomes that reflect the values, voices, and needs of our community as close as possible to home.

Pillars & Priorities

PILLAR 1



PRIORITIES

Align our Quality and Excellence program to the National Safety and Quality Health Service Standards and continue to embed this into every aspect of our care and service.

Assess, maintain and improve our physical assets as core to our Quality and Excellence program.

Ensure our business practices, tools and models of care are contemporary, sustainable and enabling of quality excellence.

PILLAR 2



PRIORITIES

Lead and advocate for connections to the local Aboriginal community through Ramahyuck District Aboriginal Corporation and initiatives that create opportunities for better health outcomes for our Aboriginal and Torres Strait Islander peoples with a focus on closing the gap.

Deliver excellent and integrated care to our community with each person at the centre of their care, and as close to home as possible.

Provide specialist services, including Paediatric and Maternity care in our regional area, allowing community members to receive care close to home.

Invest to skill and equip our business service teams to enable the excellent care and services we strive for.

Maintain our regional Critical Care capability in line with the community need.

Implement evidence-based, dementia care in all facets of our care and services.

Continue ensuring aged care is integrated across our care and services to reflect the needs of our ageing community.

PILLAR 3



PRIORITIES

Ensure our teams collaborate to ensure excellent care and service is seamlessly delivered.

Be a leader and innovator within our Local Health Service Network* ensuring strong collaboration and relationships to deliver care closer to home.

Be a valued partner to other health services, our aged care partners, medical specialists and all health providers to the benefit of our community.

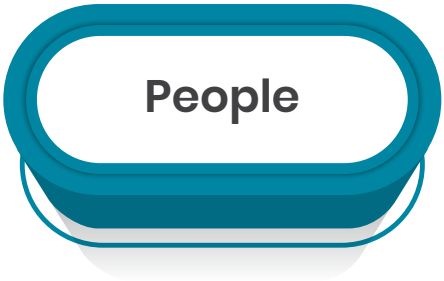
Maximise our service impact through strong and trusted partnerships.

Foster increased community engagement with other health services and key local groups.

Be valued by our community as a good corporate citizen and active participant in community life.

** Local Health Service Networks are a new initiative in Victoria aimed at improving access to healthcare services for residents. Established on 1 July 2025, these networks group health services within geographical regions and are responsible for supporting collaborative care for their community.*

PILLAR 4



PRIORITIES

Support and enable our people so they can work together to provide excellent high-quality care and service.

Invest in training, tools and support for our people.

Support our people to work to their full scope of practice to provide comprehensive care closer to home.

Deepen our leadership by providing the right tools and support.

Review opportunities to implement measurable Aboriginal and Torres Strait Islander and workforce targets.

Explicitly demonstrate our commitment to cultural safety and prevention of racism in our health service.

Develop a comprehensive workforce strategy for CGH.

PILLAR 5



PRIORITIES

Optimise our digital capability so all service streams can share information and enable ease of access for our staff.

Foster and support innovation across all our care and services.

Explore and invest in opportunities to enhance our attractiveness as an employer.

Explore robotic surgical opportunities to enable the delivery of care closer to home.

Who We Are

Central Gippsland Health Service (CGHS) is the major provider of health and residential aged care services in the Wellington Shire.

It serves a local population of approximately 47,000 in Central Gippsland, while acute specialist services reach a wider community in East Gippsland and parts of South Gippsland.

Categorised as a subregional health service, CGHS provides a range of more complex services than those delivered by small rural health services. These comprise two public hospitals located in Sale and Maffra, both with public sector residential aged care facilities on campus and community health centres in Sale, Maffra, Rosedale and Loch Sport. A Community Rehabilitation Centre located on the Sale campus provides a range of allied health and rehabilitation services outreaching to patient homes and other CGHS and non-CGHS facilities.

In addition, CGHS is an integrated health service and provides a range of services usually provided by local government such as home support and maternal and child health services.

Clinical education and training form an important part of our service offering. CGHS provides clinical placements to support undergraduate education and training for medical, nursing and allied health staff, and rotations for specialist nursing, allied health and medical education, including General Practitioner proceduralists.

Central Gippsland Health is also a network that includes independently governed organisations, Heyfield Hospital and Stretton Park.

For more information visit: www.cghs.com.au

Our History

CGHS has a long and rich history which spans more than 150 years.

During that time, CGHS (and its predecessor Gippsland Base Hospital), with various other smaller service entities, has become the major provider of health and aged care services in the Wellington Shire.

Through a series of amalgamations, the Gippsland Base Hospital, Maffra and District Hospital, J.H.F. McDonald Wing Nursing Home and Evelyn Wilson Nursing Home became CGHS in 1999.

CGHS provides management and corporate services to two not-for-profit private facilities, Stretton Park Incorporated and Heyfield Hospital Incorporated, through management agreements, also established in 1999.

The current Sale hospital was built on the existing site in 1990. The only section of the original hospital retained was the operating suite.

Today's CGHS Board of Directors and staff continue to uphold the service and spirit of those early pioneers who worked so hard to establish a hospital in the 1860s.

At Your Service

CGHS works within a statewide rural and regional planning framework that considers the local area and Gippsland regional planning. The focus is to provide access to services locally, where appropriate, and support people to access higher level services where required.

CGHS also provides specialised services such as perinatal services, critical care, coronary care, obstetrics and surgery, as well as a comprehensive range of Home and Community Care (HACC) services.

Acute services include a full-time emergency department, critical care unit, neonatal special care unit, operating theatres, day procedure unit, oncology and dialysis services, in addition to general medical and surgical services, and subacute services including rehabilitation.

Within Gippsland, there is one regional health service, Latrobe Regional Health (LRH), which is the key specialist service resource for the region and the four subregional health services.

In addition to acute and residential aged care services in Sale and Maffra, CGHS provides community and home support services throughout the Wellington Shire (with the exception of Yarram and district) with health centres in Maffra, Sale, Heyfield, Rosedale and Loch Sport.

Our aim is to develop a highly efficient system that responds to people's needs by placing them at the centre of a service delivery system, focused on supporting them to achieve their goals and aspirations.

OUR SERVICES

47,143
POPULATION SERVED (APPROX)

18,266
EMERGENCY ATTENDANCES

14,460
INPATIENT SERVICES

368
BABIES BIRTHED

107,701
COMMUNITY SERVICES HOURS OF SERVICE

39,920
NON-ADMITTED SUBACUTE & SPECIALIST OUTPATIENT CLINIC SERVICE EVENTS

DATA SOURCED FROM QLIK, IPM AND CARELINK

PEOPLE

1,097
PEOPLE EMPLOYED

680
EQUIVALENT FULL-TIME (EFT)

INCLUDING

174
CASUAL

689
PART-TIME

234
FULL-TIME

ACTIVE EMPLOYEES AT 30 JUNE 2026

ASSETS AND REVENUE

($ MILLIONS)

$60.294
IN NET ASSETS

$11.824
IN PLANT AND EQUIPMENT

$51.513
IN BUILDINGS

$157.125
IN REVENUE



Report by the Chair, Board of Directors

It is my pleasure to present the Board Chair's Report for 2025/26 and reflect on a year of considerable progress and achievement for Central Gippsland Health Service (CGHS).

The year commenced with a significant transition in executive leadership as we farewelled Mark Dykgraaf following almost five years of dedicated service as Chief Executive Officer. Mark's unwavering commitment to our staff, patients and community contributed substantially to positioning CGHS for continued success and sustainability into the future.

In January, we welcomed Michele Gardner as Chief Executive Officer. Michele returned to Gippsland after 16 years, bringing more than 34 years of experience across tertiary, regional and subregional public and private healthcare, as well as within Department of Justice settings. A qualified Intensive Care/ Critical Care Nurse, Michele possesses extensive expertise in the implementation of the National Safety and Quality Health Service (NSQHS) Standards, accreditation processes and quality improvement initiatives across both acute and community healthcare environments. With a strong commitment to quality, patient-centered care, strategic partnerships and future growth, Michele is exceptionally well placed to lead CGHS into its next phase of development.

The Board also farewelled Jenny Dempster following nine years of distinguished service as a Board Director. Jenny's contribution to the governance and strategic direction of the organisation has been highly valued. We are pleased to welcome Jill Linklater as a Board Director from 1 July. Jill brings extensive experience as a Board director, health, disability and aged care consultant, NSQHS Standards accreditation assessor, and NDIS assessor and auditor. Her expertise will further strengthen the Board's capability as we continue to advance excellence in patient care, safety and governance.

A major focus throughout the year has been the development of our new Strategic Plan. This plan reaffirms our commitment to delivering excellent care at every stage of life through integrated, sustainable, inclusive and accessible services, provided in partnership with our community and as close to home as possible. On behalf of the Board, I extend my sincere appreciation to the consumers, staff, clinicians, volunteers, partners and broader community whose valuable contributions have helped shape the future direction of CGHS. We look forward to releasing the new Strategic Plan in the coming months as a clear and purposeful roadmap for the years ahead.

Meaningful consumer engagement remains a key priority and is fundamental to the delivery of responsive and effective healthcare services. During the year, we expanded opportunities for consumers to contribute to service planning, quality

improvement initiatives and governance activities. Our annual Open Access Board Meeting in September was again well attended and facilitated valuable dialogue between Board Directors, management and members of the community. The Board greatly values these opportunities to engage directly with those we serve.

At our Annual General Meeting in November, the Board was honoured to award Life Governorships to four individuals whose exceptional and longstanding contributions have made a profound and enduring impact on CGHS and the broader community. These honours recognise their dedication, advocacy and support, and we extend our sincere gratitude to each recipient for their remarkable service.

The Board acknowledges the continued development of the Gippsland Local Health Service Network and the collaborative efforts of health services across the region. Through strengthening partnerships, shared planning and regional initiatives, the Network will drive enhanced coordination, improve service delivery and progressively address common challenges facing rural and regional healthcare.

The Board remains steadfast in its commitment to delivering safe, high-quality and sustainable healthcare services for our community. Strengthening clinical governance, and quality and safety, continue to be a strategic priority. Significant work has been undertaken across the organisation to strengthen governance frameworks, enhance oversight and embed systems that support safe, effective and person-centered care. I also acknowledge the dedication of my fellow Board Directors, whose professionalism, expertise and commitment have ensured strong governance and strategic oversight throughout the year.

With the release of our new Strategic Plan approaching, strengthened governance arrangements, a continued focus on quality and safety, and valuable regional partnerships, CGHS is well positioned to meet the evolving needs and expectations of our community.

These achievements have been made possible through the dedication and commitment of our staff, clinicians, volunteers and community partners. Each day, they demonstrate exceptional professionalism, compassion and dedication in caring for our patients, residents and clients. On behalf of the Board, I extend our sincere thanks for their invaluable contribution.

I also thank our community for its ongoing trust, confidence and support. We look forward to another year of progress and achievement.

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Central Gippsland Health Service for the year ending 30 June 2026.



Arthur Skipitaris, Board Chair
Sale, Victoria
30 June 2026



Report by the Chief Executive Officer

It is with great pride and gratitude that I present this Annual Report and reflect on a year of significant accomplishment, growth and collaboration across our health service.

Returning to Gippsland after 16 years has been both professionally rewarding and personally meaningful. Having previously lived and worked in the region, I have been inspired by the evolution of healthcare services and the strong commitment of our communities, clinicians, staff and partners to delivering high-quality care close to home. The growth in capability, innovation and collaboration across Gippsland is evident, and I am honoured to be part of this ongoing journey.

One of the highlights of the year was our successful accreditation against the National Safety and Quality Health Service (NSQHS) Standards. This achievement is a testament to the dedication, professionalism and unwavering commitment of our staff, volunteers, medical workforce and partners. Accreditation is not simply a measure of compliance; it reflects our shared commitment to delivering safe, high-quality and person-centred care for every patient, resident and client we serve.

Throughout the year, our teams continued to focus on strengthening and enhancing patient experience, quality and safety across the organisation. By embedding continuous improvement into everyday practice, we have focused on ensuring that our services remain responsive, compassionate and clinically excellent. I would like to sincerely thank every member of our workforce for their contribution to creating a culture where quality and safety remain at the forefront of everything we do.

Our volunteers continue to play an invaluable role in supporting patients, residents, visitors and staff. During National Volunteer Week, we had the privilege of celebrating their contribution through a special Volunteer High Tea. It was an opportunity to acknowledge the generosity, kindness and commitment of individuals who willingly give their time to enrich the lives of others. Our volunteers remain an integral part of our health service and we are deeply grateful for their service.

We also continue our commitment to improving health outcomes for Aboriginal and Torres Strait Islander peoples. Our partnership with Ramahyuck District Aboriginal Corporation remains a cornerstone of this work, helping us strengthen culturally safe healthcare services and improve access to care. This year, health services across the Gippsland Local Health Service Network (GLHSN) worked collaboratively to advance culturally safe cancer care throughout the region. Together, we are taking meaningful steps to address inequities and ensure that healthcare is welcoming, respectful and inclusive for all members of our community.

I am honoured to have recently assumed

the role of Chair of the Gippsland Regional Integrated Cancer Service Governance Committee. This position provides a valuable opportunity to work closely with regional partners to strengthen cancer care across Gippsland, improve coordination of services and ensure that patients can access high-quality treatment and support closer to home.

Collaboration remains central to our success. Through the Gippsland Local Health Service Network (GLHSN), we have continued to strengthen partnerships and explore new opportunities to expand healthcare services across the region, particularly in East Gippsland. The GLHSN continues to evolve as an important mechanism for regional planning, service integration and advocacy, providing a strong platform to address shared challenges and improve outcomes for the communities we collectively serve.

We are very pleased to have secured funding through the Commonwealth to establish a Specialist Dementia Care Unit for the region. This important investment will enhance care options for individuals experiencing severe behavioural and psychological symptoms of dementia, ensuring they receive specialised support closer to home while providing valuable assistance to families and carers.

The generosity of our donors continues to make an extraordinary difference to our health service and community. On behalf of the organisation, I extend my heartfelt thanks to all those who have contributed through donations, fundraising and community support. In particular, I acknowledge the work of the John Leslie Foundation and thank them for their commitment to improving healthcare outcomes for our community through their very generous contributions. Their support has enabled us to invest in equipment, facilities and services that directly benefit patients and residents.

Since starting my role, I have been fortunate to receive the guidance and support of a highly dedicated Board. I offer my sincere thanks to the Board Chair and Directors for their leadership, governance and commitment to our shared vision. Their support has been invaluable as we continue to strengthen our organisation and position it for the future.

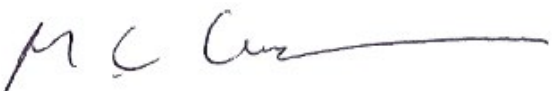
Over the past year, we have continued to enhance our medical service models and invest in service redesign. We have invested in strengthening leadership capability and clinical expertise throughout the organisation, recognising that our people are our greatest asset.

We have also advanced our commitment to creating a fair, inclusive and respectful workplace through the development of a new Gender Equality Action Plan. This important framework will guide our efforts to foster equity, diversity and inclusion while supporting our workforce to thrive.

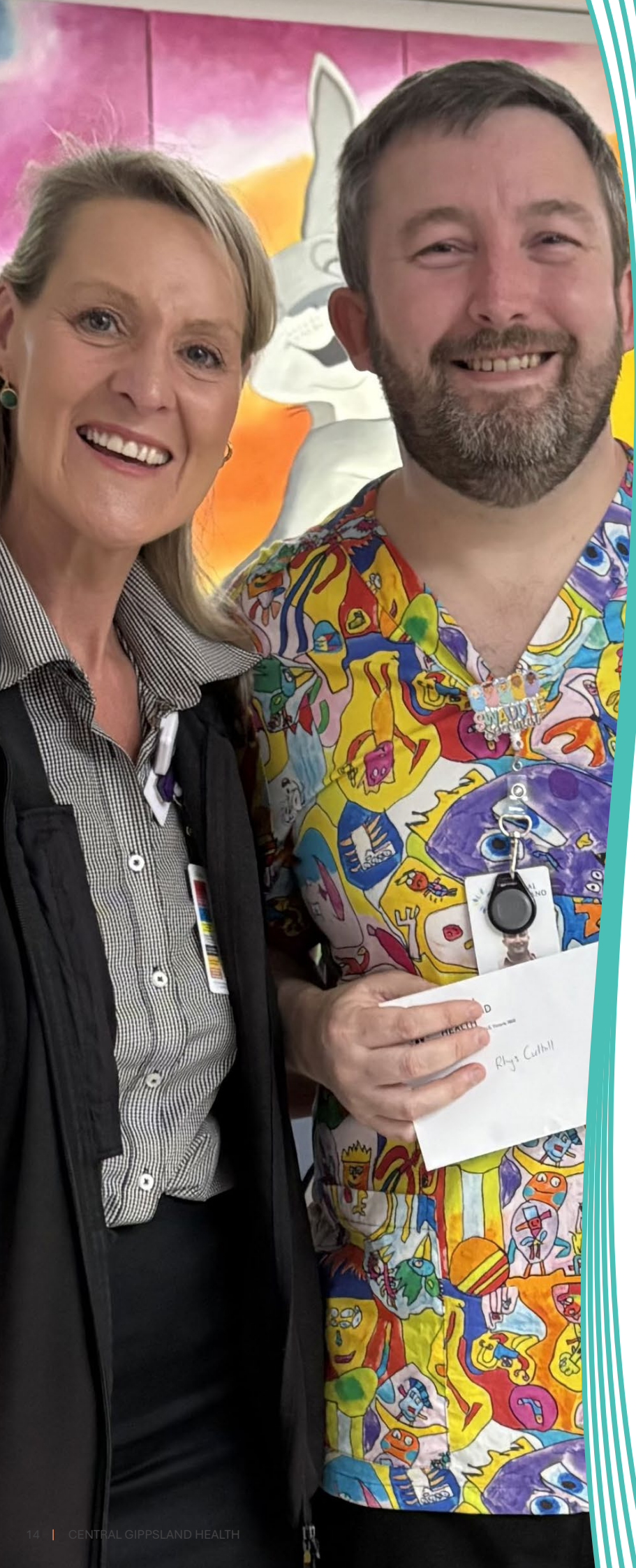
As we look to the future, we remain focused on supporting our staff to deliver outstanding care while maintaining a strong focus on quality and safety. Through innovation, partnership and continuous improvement, we will continue to adapt to the changing needs of our community and ensure the sustainability of our services for generations to come.

Finally, I would like to acknowledge the enduring partnership between our health service, Heyfield Hospital and Stretton Park through the Tri-Board Alliance, established in 2015. This unique collaboration continues to demonstrate the power of shared governance, strategic alignment and mutual support in strengthening health and aged care services across our communities.

I extend my sincere thanks to our staff, medical practitioners, volunteers, Board Directors, partners, donors and community members for their dedication and support throughout the year. Together, we are building a stronger, more connected and more sustainable health service for Gippsland.



Michele Gardner
Chief Executive Officer



Accreditation Status

CGHS (including Dental Services) is accredited against the National Safety and Quality Health Service Standards (Second Edition).

The organisation-wide survey via the Short Notice Assessment Program was conducted in May 2026. This resulted in 148 items being met and 2 items met with recommendations for improvement.

CGHS has focused on being accreditation-ready at all times and will continue with this approach.

J.H.F. McDonald Wing, Wilson Lodge and community aged care services all underwent accreditation visits against the Aged Care Quality Standards during the 2023/24 year. These visits resulted in all standards being met and each site receiving full accreditation.

Consumer, Carer and Community Participation

CGHS is committed to promoting and facilitating meaningful consumer, carer and community participation to ensure our services are person-centred, responsive, inclusive and informed by the needs and experiences of the communities we serve. We recognise that partnering with consumers, carers, families, volunteers and community members strengthens service planning, delivery, evaluation and continuous quality improvement.

Our approach to participation aligns with the principles of the Victorian Health Services Act 1988, the Safer Care Victoria Partnering in Healthcare Framework, the National Safety and Quality Health Service (NSQHS) Standards (2nd Edition), particularly Standard 2: Partnering with Consumers, and the Strengthened Aged Care Quality Standards, all of which emphasise the importance of meaningful consumer engagement in the governance, design and delivery of Health, Community and Aged Care services.

CGHS is supported by several key networks and committees that provide valuable consumer and community perspectives and contribute to organisational improvement.

COMMUNITY LIAISON COMMITTEE (CLC):

The Community Liaison Committee is a subcommittee of the CGHS Board of Directors and meets quarterly, including consumer representatives, Board Directors and staff. As the principal consumer and community advisory body, the Committee reports directly to the Board and provides advice on strategic priorities, quality improvement initiatives, accreditation activities and the development of policies and action plans. The Committee plays an important role in ensuring community perspectives inform organisational decision-making and service development.

ABORIGINAL AND TORRES STRAIT ISLANDER ADVISORY COMMITTEE:

The Aboriginal and Torres Strait Islander Advisory Committee meets bi-monthly and comprises local Aboriginal community members, the Hospital Koori Liaison Officer, CGHS staff and Executive representatives.

The Committee, guided by CGHS's organisational Innovate Reconciliation Action Plan, Cultural Safety and Aboriginal Employment Plan, provides culturally informed advice to strengthen the cultural safety, accessibility and responsiveness of services for Aboriginal and Torres Strait Islander peoples, ensuring local voices guide service improvement and planning.

STRENGTHENING COMMUNITY PARTICIPATION

CGHS continues to both explore and expand innovative opportunities for consumers, carers and community members to actively participate in the planning and evaluation of our services. A Community Participation Orientation Package is available through our website, providing information about the many ways individuals can become involved with our organisation.

To support ongoing engagement, CGHS maintains a Consumer Interest Parties Register, enabling consumers and carers to express interest in participating in consultations, focus groups, committees, co-design activities and service improvement initiatives as opportunities arise.

Within our residential aged care services, regular Resident and Family Meetings, resident satisfaction surveys and a range of formal and informal feedback opportunities ensure residents and their families have meaningful input into the quality, safety and experience of care. Feedback received is used to inform continuous improvement activities and local service planning.

Consumer participation information, feedback mechanisms and opportunities to become involved are also prominently available through the CGHS website, ensuring community members can easily access information and contribute their perspectives.

Carers Recognition Act 2012

CGHS has continued to take all practicable steps to promote the principles of the Carers Recognition Act 2012 to people in care relationships and the broader community.

Our ongoing commitment is reflected in key organisational frameworks, including our Organisational Strategic Plan, Consumer and Community Engagement Framework, Disability and Inclusion Plan, and Reconciliation Action Plan. Carers are recognised as valued partners in care and are supported to participate in care planning, decision-making and service improvement.

CGHS promotes meaningful engagement through dedicated patient/client support roles, consumer and community advisory committees, accessible information resources, and opportunities for feedback via surveys, assessments and consultation processes.

Staff also engage with carers and the broader community through local events and partnerships with health and community organisations, ensuring coordinated, inclusive and responsive services.

During the reporting period, CGHS continued to promote the principles of the Act by distributing printed and digital information to carers and the community, maintaining and promoting online resources, including links to Victorian Government information on the Act through our website, and sharing information and resources with partner organisations and network service providers.

Through these initiatives, CGHS continues to strengthen partnerships with carers and embed the principles of the Carers Recognition Act 2012 (Victoria) across all aspects of service delivery.

CGHS is committed to ensuring staff understand and apply the care relationship principles outlined in the Carers Recognition Act 2012 (Victoria). Awareness of the Act is embedded through staff induction, mandatory education, ongoing professional development and leadership programs.

Staff are supported through access to the Act, Victorian legislation and relevant organisational policies and procedures via the staff intranet. Organisational policies are regularly reviewed to ensure they reflect current legislative requirements and promote carer-inclusive practices. Human resource policies, including employee leave and flexible working arrangements, further support staff in balancing their own caring responsibilities.

CGHS promotes a culture of continuous learning and engagement by providing access to training and development opportunities through the annual staff education calendar, internal digital and printed resources, and participation in committees, working groups, staff meetings and forums. Staff are also encouraged to contribute to organisational improvement

through feedback mechanisms, surveys and incident and reporting processes, reinforcing awareness of the Act and the importance of recognising and supporting carers in the delivery of person-centred care.

CGHS continues to ensure the care relationship principles of the Carers Recognition Act 2012 (Victoria) inform the development, review and implementation of organisational policies, employment practices and service delivery.

The principles are embedded within key strategic and operational frameworks, including the Strategic Plan, Consumer and Community Engagement Framework, Disability Action and Inclusion Plan, Reconciliation Action Plan, and all relevant organisational policies and procedures. Employment policies, including flexible working arrangements and carer-related leave entitlements, are regularly reviewed to support employees with caring responsibilities and ensure alignment with the Act.

Care relationship principles are incorporated into service planning, assessment and care planning frameworks to support person-centred, inclusive and responsive care.

Consumer and carer satisfaction surveys, undertaken during assessment and review processes, are used to evaluate service experiences, inform continuous improvement and strengthen carer participation in care planning and decision-making.

CGHS actively engages carers, consumers and the broader community in organisational development and service improvement through advisory committees, stakeholder consultation and feedback processes. These partnerships, together with multidisciplinary collaboration and strong relationships with local health and community organisations, ensure organisational policies and services continue to reflect the principles of respect, partnership, communication and recognition of the valuable contribution carers make to the health and wellbeing of the people they support.

CGHS continues to uphold the priorities of the Victorian Carer Strategy 2025–2035 by embedding carer recognition, inclusion and partnership across organisational governance, workforce development, policy and service delivery.

CGHS promotes awareness, recognition and respect for carers by recognising carers as valued partners in care and involving them in care planning, decision-making and service improvement. This commitment is reflected throughout the Strategic Plan, Consumer and Community Engagement Framework, Disability Action and Inclusion Plan, Reconciliation Action Plan and organisational policies. Carers are represented through the Community Liaison Committee, Aboriginal and Torres Strait Islander Advisory Committee, Consumer Interest Parties Register and a range of consultation, co-design and feedback processes, ensuring their lived experience informs organisational planning and continuous improvement.

To deliver quality services in the right place, at the right time, CGHS incorporates care relationship principles into service planning, assessment and care planning frameworks, supporting coordinated, person-centred and responsive care. Consumer and carer feedback is actively sought through surveys, assessments, resident and family meetings, consultation activities and other feedback mechanisms, with outcomes informing quality improvement and service design. Dedicated patient and client support roles, accessible information resources, community engagement activities and partnerships with health and community organisations further strengthen access to coordinated services and supports for carers.

CGHS also promotes participation, connection and opportunity by fostering an inclusive organisational culture that supports both carers and employees with caring responsibilities. Employment policies, including flexible working arrangements and carer-related leave provisions, are regularly reviewed to support workforce participation.

Staff awareness of the Carers Recognition Act 2012 (Victoria) is maintained through induction, mandatory education, ongoing professional development, leadership programs and access to current legislation, organisational policies and educational

Carers Recognition Act 2012 (cont.)

resources. Opportunities to participate in committees, working groups, staff forums and continuous improvement activities further strengthen staff capability to deliver carer-inclusive care.

Consistent with the Strategy's priority to recognise and support First Nations' care relationships, CGHS continues to strengthen culturally safe and responsive services through its Aboriginal and Torres Strait Islander Advisory Committee, Hospital Koorie Liaison Officer, Innovate Reconciliation Action Plan, Cultural Safety Framework and Aboriginal Employment Plan. These initiatives ensure Aboriginal and Torres Strait Islander community members have a genuine voice in service planning, policy development and quality improvement, supporting culturally safe care for First Nations' carers, families and communities.



Throughout the reporting period, CGHS continued to promote the principles of the Carers Recognition Act 2012 (Victoria) by distributing printed and digital information, maintaining online resources and links to Victorian Government information, sharing resources with partner organisations and networked service providers, and engaging with carers and the broader community through consultation, education and collaborative partnerships.

Together, these initiatives demonstrate CGHS's ongoing commitment to strengthening recognition, participation, inclusion and wellbeing for carers, while supporting the vision and priorities of the Victorian Carer Strategy 2025–2035.



Board of Directors
as at 30 June 2026



ARTHUR SKIPITARIS (CHAIR):

Arthur is the General Manager Corporate Services for Wellington Shire Council. Prior to this role, Arthur was a senior executive for the Finance Shared Services Division of General Electric, Australia and New Zealand. He was also the General Manager of Australia Post's Shared Services Division and has worked in several senior banking and finance roles. Arthur holds a Bachelor of Business double major in Accounting and Economics, is a Certified Practising Accountant (CPA), a Fellow of the Financial Services Institute of Australasia and a Graduate of the Australian Institute of Company Directors.



LAUREN CAREY (VICE CHAIR):

An experienced communications and engagement specialist with a Bachelor in Public Relations, Lauren currently works in the energy and mining sector, managing engagement and communications for AGL Loy Yang's mine rehabilitation program and new energy projects at the Loy Yang site. Prior to returning to the sector, Lauren led the communication, marketing and customer service functions as Manager Engagement and Customer Focus at Latrobe City Council. Earlier in her career, she spent nine years in power generation and mining as the External Communications Manager for ENGIE's Hazelwood asset, overseeing communications both pre closure and post closure. Born and educated in Sale, Lauren has strong links to the Wellington Shire and is committed to applying her expertise in corporate communications, stakeholder engagement, strategic leadership and governance to support CGHS and its consumers.



JENNY DEMPSTER:

Jenny is the Director of Clinical Services at Gippsland Southern Health Service. She has a Masters in Public Health – Health Service Management and a Bachelor of Applied Science – Advanced Clinical Nursing. Jenny has extensive management experience in both the public and private health sectors. She brings a wealth of knowledge and skills to the Board in relation to asset management, clinical governance, executive management, human resources management, finance, risk management, information and communication technology.



CLAIRE MILLER:

Claire has more than 10 years of board level experience across the public and commercial sectors with a focus on the utilities, resources, infrastructure and energy industries. In her executive capacity, she has held the role of General Counsel and Company Secretary managing governance, compliance, risk and audit functions across a range of industry sectors including energy, infrastructure, gas, utilities, resources and property in government, Australian Securities Exchange (ASX) and private entities. Claire holds a Bachelor of Laws and a Graduate Diploma of Applied Corporate Governance. Claire currently serves as a Commissioner for the Victorian Gambling and Casino Control Commission, Board Director of Mine Land Rehabilitation Authority and is an Audit and Risk Committee member for the Australian Radiation Protection and Nuclear Safety Agency.



PETER (GERRY) WATTS:

Gerry has a strong grasp of hospital board governance and an extensive history in Senior Management and Procurement. He brings a strong understanding of governance, process, legislative compliance, risk management and probity. Gerry is a competent and experienced Board Director who is enthusiastic about his contribution to CGHS and the broader Gippsland region. He is a Fellow of the Australian Institute of Management, a Member of the Australian Institute of Company Directors and a Member of the Chartered Institute of Procurement and Supply. He holds qualifications including Hospitality Management, Marketing, IT and an AICD Clinical Governance qualification.



ADAM KOSTER:

Adam, who is also a Board Director with Yarram and District Health Service and Swan Hill District Health, works with Alex Scott Land in a general counsel role, as both in-house lawyer and sales executive within the company's transactions and advisory team. He holds a Bachelor of Laws, Bachelor of Arts, Graduate Diploma in Legal Practice, Master of Laws from Monash University, and a Certificate IV in Property Services (Real Estate).



ROCHELLE WRIGGLESWORTH:

Rochelle has over 20 years' experience in financial management, audit and risk. She held senior roles at PricewaterhouseCoopers and was a Principal at Crowe Horwath before co-founding FiveFold Financial in 2013. Rochelle has extensive experience with public sector and not-for-profit organisations, including many years as an audit service provider to the Victorian Auditor-General's Office.

Based in Gippsland, she is passionate about supporting her community and contributing to the region's long-term prosperity. Rochelle is a Graduate of the Australian Institute of Company Directors, a Chartered Accountant (Australia and New Zealand), and a Registered Company Auditor with ASIC. She is a director of East Gippsland Regional Water Corporation and serves on the Audit and Risk Committees of the Royal Botanic Gardens Victoria, CGHS and East Gippsland Regional Water Corporation. She previously served as Chair of the Committee for Gippsland, where she was a director for nine years.



TREVOR GOLDSTONE:

Trevor is an experienced Chief Executive Officer, having led a number of organisations in the not-for-profit, government and commercial sectors. This has included health and community services, economic development and tourism development. Trevor has held senior positions in the higher education sector with The Australia Institute of Future Education, James Cook University and the University of new England, where he was Pro Vice Chancellor, External Engagement. In addition to his CEO and senior management experience, Trevor has also been a director on numerous boards, which includes the role of Chairman of both SCOSA (the Spastic Centres of South Australia) and Dancenorth, a community dance company based in North Queensland. Trevor holds a Bachelor of Applied Science in Recreation Management and a Graduate Diploma in Management.



LUIS PRADO:

Luis is a Senior Consultant at Queensland Health Metro North Hospital and Health Service. For the last 20 years he has been the Chief Medical Officer of some of Australia's largest not-for-profit healthcare groups namely St John of God Healthcare, Epworth healthcare and UnitingCare. Luis remains clinically active as a general practitioner also with his health executive roles. He has led major change programs, delivering transformations to organisational culture, particularly around transparent reporting of performance and investigation of incidents, and delivered a suite of programs to improve patient outcomes and satisfaction.

Risk & Audit Committee

(INDEPENDENT MEMBERS) AS AT 30 JUNE 2026:

GRAHAM MANSON (INDEPENDENT CHAIR):

Graham has been an independent member of the Risk and Audit Committee since March 2018 and has held the role of Committee Chair since November 2022. He is a director with the International Resilience Group (IRG), an independent consultancy company providing a range of resilience services within the public, private and not-for-profit sectors. Prior to establishing IRG, Graham was employed in a national role by the Australian Energy Market Operator where he focused on business security, crisis and contingency planning and emergency planning and response. Graham is an accomplished security, safety and emergency professional having presented to a number of organisations and businesses on crisis, security, emergency, brand protection and risk management throughout Asia and Australia.

ALISTAIR MYTTON

Alistair has significant global experience working as a finance professional with BHP Billiton for the past 21 years and is now semi-retired. While at BHP/Billiton, Alistair held positions as Chief Risk and Assurance Officer, Chief Financial Officer (CFO) for Uranium Business, CFO for Diamonds and Specialty Products and Head of Tax for the United Kingdom and Africa. Alistair was appointed to the committee on 8 November 2022 and lives in Melbourne.

NIRAJ PAU

Niraj is a highly accomplished finance and business leader with nearly 20 years of global experience across finance, risk management, organisational transformation, and change management. He brings a strong track record of driving strategic outcomes, enhancing operational performance, and strengthening governance in complex environments. Niraj currently serves as the Chief Financial Officer and National Manager, Finance, Property & Procurement at the Australian Transaction Reports and Analysis Centre (AUSTRAC) — Australia's anti-money laundering and counter-terrorism financing regulator and financial intelligence unit. Niraj joined the Risk and Audit Committee to develop his professional interest in governance function and give back to the community.

As at 30 June 2026, non-independent members of the Risk and Audit Committee include: Michele Gardner (Chief Executive Officer), Rochelle Wrigglesworth (Board Director), Emma Brennan (Acting Director Corporate Services / Chief Finance Officer), Claire Miller (Board Director) and Kelli Mitchener (Director Quality and Learning Services).

Executive Staff

AS AT 30 JUNE 2026:

CHIEF EXECUTIVE OFFICER

Ms Michele Gardner

DIRECTOR MEDICAL SERVICES

Dr Divyanshu Dua

DIRECTOR OF NURSING / CHIEF NURSE

Ms Mandy Pusmucans

DIRECTOR AGED CARE SERVICES

Ms Megan Tyler

DIRECTOR QUALITY & LEARNING SERVICES

Ms Kelli Mitchener

DIRECTOR CORPORATE SERVICES (ACTING)

Ms Emma Brennan

DIRECTOR COMMUNITY & ALLIED HEALTH SERVICES

Ms Pele Reeve

DIRECTOR PEOPLE & CULTURE (ACTING)

Ms Kirralee Richardson

Workforce

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		AVERAGE MONTHLY FTE	
	2025	2026	2025	2026
Nursing	269.55	285.98	266.32	272.40
Administration & Clerical	120.75	128.97	116.70	123.26
Medical Support	21.93	18.38	20.82	18.28
Hotel & Allied Services	167.29	167.30	167.07	167.29
Medical Officers	11.85	10.00	12.90	10.78
Hospital Medical Officers	30.09	36.81	27.94	30.17
Sessional Clinicians	3.81	4.89	4.50	4.89
Ancillary Staff (Allied Health)	62.77	63.69	59.97	61.66
TOTAL	688.04	716.02	676.22	688.73

CGHS is committed to the application of merit and equity principles when appointing staff. Selection processes ensure that applicants are assessed and evaluated fairly and equitably on the basis of the key selection criteria and other accountabilities, without discrimination. Employees have been correctly classified in workforce data collections.

Workforce Inclusion Policy

In line with the requirements of the Gender Equality Act 2020, CGHS is required to develop a Gender Equality Action Plan (GEAP) every four years. The GEAP helps to plan, implement and measure change in relation to gender equality within our organisation.

In 2026, CGHS reported to the Commission for Gender Equality 65% completion on targets and initiatives achieved throughout the last four years. Many of the remaining items have been held over to the renewed GEAP 2026 – 2030.

THE CGHS GEAP 2021 – 2025 TARGETS INCLUDED:	2024/25
Improve existing data collection methods	Target achieved
Diversify intersectionality data collected	Target achieved
Improve recruitment and onboarding systems to ensure collection of intersectionality data	Target achieved
Improve the offboarding process to ensure collection of intersectionality data	In progress
Improve reporting on sexual harassment	Target achieved
Develop a system to collect flexible work arrangements data	In progress

Occupational Health and Safety

	2023/24	2024/25	2025/26
The number of reported hazards/incidents for the year per 100 FTE	72.28	44.07	45.75
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.14	1.28	1.29
Average cost per WorkCover claim for the year ('000)	$23,261	$30,190	$33,486

Occupational Violence

OCCUPATIONAL VIOLENCE STATISTICS	2025/26
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	147
Number of occupational violence incidents reported per 100 FTE	21.15
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

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 must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.
Accepted WorkCover Claims	Claims accepted and lodged in 2025/26.
Lost Time	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.

Aboriginal Cultural Safety

CGHS received the Aboriginal Cultural Safety Fixed Grant in 2025/26.

The Aboriginal Cultural Safety Fixed Grant is a funding initiative aimed at improving the cultural safety of healthcare services for Aboriginal communities. This grant supports healthcare organisations in creating environments that are respectful and inclusive of Aboriginal culture and traditions. For more information, refer to the 'Aboriginal Cultural Safety Fixed Grant Requirements Cultural Safety Planning and Reporting' on the Victorian Department of Health website at Aboriginal cultural safety fixed grant guidelines.

CGHS is committed to creating a culturally safe environment through several key actions, including:

- CGHS developed its second Reconciliation Action Plan (endorsed in September 2024) alongside the CGHS Aboriginal and Torres Strait Islander Advisory Committee, chaired by Sandra Neilson – Koori Hospital Liaison Officer. CGHS is now embarking on its third Reconciliation Action Plan.
- Key celebrations continued throughout the year, including the NAIDOC Flag Raising Ceremony and a staff decorating competition to celebrate the event. CGHS also acknowledges National Reconciliation Week, National Sorry Day, MABO Day and the National Aboriginal and Torres Strait Islander Children's Day.
- The Koori Hospital Liaison Officer remains vital in supporting Aboriginal and Torres Strait Islander patients, and enabling links with the local Ramahyuck District Aboriginal Corporation. Strong relationships continue with planned engagements with the team at Ramahyuck District Aboriginal Corporation, including the general practice, community services and care coordination teams.
- CGHS has many artworks and displays to create a welcoming environment, with the major external mural project progressing. Our practice of formally naming meeting rooms with local Aboriginal words has also continued.
- CGHS hosted around 30 young local secondary school students at the Koori Careers Day in May 2026, offering yarning circles with staff as well as a tour of the health service which demonstrated career pathways.

CULTURAL SAFETY

CGHS remains steadfast in its commitment to reconciliation by fostering respectful relationships, promoting cultural learning and creating inclusive opportunities for Aboriginal and Torres Strait Islander peoples.

CGHS continues to strengthen mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders, particularly the Ramahyuck District Aboriginal Corporation.

Key actions include:

- Strategic engagement meetings led by the Chief Executive Officer
- Strengthened schedule of networking meetings between Ramahyuck District Aboriginal Corporation and CGHS teams – particularly across the executive, hospital, community and care coordination services.

CGHS actively celebrates National Reconciliation Week, raising awareness and participation through:

- Early campaigns and organisational promotions
- External event participation by executive and staff
- Hosting internal National Reconciliation Week events and registering them publicly

CGHS communicates its reconciliation commitment publicly and continues exploring ways to influence stakeholders to drive positive outcomes.

CULTURAL LEARNING AND AWARENESS

A cultural learning strategy has been established to build understanding of Aboriginal and Torres Strait Islander cultures, including:

- Mandatory online modules for all staff
- Executive and managerial cultural learning, which over the year has included a visit to local cultural sites – this will inform our future learning
- Twice-yearly cultural orientation sessions for new clinical staff
- Consultation with Traditional Owners to inform learning strategies

CULTURAL PROTOCOLS

CGHS respects and observes cultural protocols by:

- Reviewing and updating flag-flying and acknowledgment procedures
- Embedding cultural respect in meetings and capital works, particularly this year further strengthening our process to ensure engagement with the Aboriginal and Torres Strait Islander Advisory Committee for any new works or renovations
- Formally naming a further three meeting spaces in the Gunaikurnai language and maintaining Aboriginal artwork

NAIDOC WEEK

NAIDOC Week is a cornerstone of CGHS's cultural recognition program, including:

- Annual Flag Raising Ceremonies and other internal events
- Executive participation in both CGHS and Ramahyuck District Aboriginal Corporation events
- Leave support for Aboriginal and Torres Strait Islander staff


GIPPSLAND and BEYOND
ACCOMMODATION AND TOUR BOOKING SERVICE FOR AUSTRALIA
CENTRAL GIPPSLAND HEALTH

EMPLOYMENT AND CAREER PATHWAYS

CGHS is committed to improving employment outcomes by:

- Assessing current workforce composition
- Engaging Aboriginal and Torres Strait Islander staff to address barriers
- Holding Career Days for secondary students and attending off-site local careers expos to promote opportunity
- Maintaining and growing Aboriginal employment to meet and exceed one percent of workforce targets

MENTORING AND PROFESSIONAL SUPPORT

CGHS supports professional growth through:

- Ongoing mentoring networks
- Access to mentorship programs

SUPPLIER DIVERSITY

To promote economic empowerment, CGHS:

- Reviews and updates procurement policies
- Establishes business relationships with Aboriginal and Torres Strait Islander suppliers
- Develops and shares supplier lists and explores business directories

EFFECTIVE RECONCILIATION ACTION PLAN WORKING GROUP

The Reconciliation Action Plan Working Group, guided by the Aboriginal and Torres Strait Islander Advisory Committee, meets regularly to oversee implementation through:

- Bi-monthly committee meetings
- Updated Terms of Reference and communication
- Confirming progress and achievement of the Reconciliation Action Plan's deliverables

IMPLEMENTATION SUPPORT

Leadership accountability is key. Actions include:

- Appointing a Reconciliation Action Plan champion
- Tracking systems for deliverables
- Quarterly staff reporting on Reconciliation Action Plan progress

TRANSPARENT REPORTING

CGHS maintains transparency through:

- Annual Reconciliation Action Plan Impact Survey submissions
- Public progress reports
- Participation in Workplace Reconciliation Action Plan Barometer
- Final Reconciliation Action Plan Summary Report to Reconciliation Australia

NEXT RECONCILIATION ACTION PLAN DEVELOPMENT

Preparations for the third Reconciliation Action Plan have now formally commenced and will be a major focus for the Aboriginal and Torres Strait Islander Advisory Committee over the next few months.

CGHS is dedicated to furthering reconciliation and is proud of its progress delivered through the Reconciliation Action Plan. Through respectful partnerships, inclusive practices and cultural learning, we continue our aim of building a stronger, more equitable future for all.

This journey continues with accountability, transparency and genuine collaboration with Aboriginal and Torres Strait Islander peoples.

Overview of Services

ACUTE CARE

CLINICAL

Cardiology
Critical Care
Day Procedure
Dialysis
Emergency
Rehabilitation
Hospital in the Home
Obstetrics and Gynaecology
Special Care Nursery
Paediatrics
Oncology
General Medicine
General Surgery
Elective Orthopaedic Surgery
Operating Suite
Pre-Admission

SUPPORT SERVICES - ACUTE

Infection Control
Wound Management
Education and Training
Pharmacy
Environmental
Care Coordination
Clinical Trials
Alcohol and Other Drugs

VISITING SPECIALIST SERVICES

General Surgery
Genetics
Medical Oncology
Radiation Oncology
Ophthalmology
Paediatric Surgery
Paediatric Endocrinology
Paediatric Rehabilitation
Colorectal Surgery
Ear, Nose and Throat
Dermatology
Gastroenterology
Urology
Orthopaedics
Renal
In vitro Fertilisation (IVF)
Vascular Surgery
Upper Gastro Intestinal Surgery

OUTPATIENT SERVICES

Antenatal
Cardiology
Cardiac and Pulmonary Rehabilitation
Domiciliary Support
Falls Clinic
Haematology
Oncology
Paediatric
Physical Rehabilitation
Pre-Admission
Stomal and Wound Therapy
Pregnancy Care Clinic

AGED CARE SERVICES

RESIDENTIAL CARE

Maffra - McDonald Wing
Sale – Wilson Lodge
Home Care Packages

COMMUNITY SERVICES

ALLIED HEALTH TO ACUTE AND COMMUNITY SETTINGS

Physiotherapy
Occupational Therapy
Exercise Physiology
Podiatry and Foot Care
Dietetics
Speech Therapy
Social Health
Koori Liaison
Property Maintenance
Community Rehabilitation Reception & Service Access

COMMUNITY HEALTH

Community Health Nursing
Respiratory Educator
Maternal and Child Health
Volunteers
Community Dental Program
Health Promotion
Aged Care Residential in Reach Nursing Support

HOME SUPPORT AND SERVICE COORDINATION

Personal Care
Domestic Support
Respite Care
Delivered Meals
Planned Activity Groups
Community Transport
Care Assessment Services
Carer Respite

HOME NURSING

District Nursing
Diabetes Nurse Consultancy
McGrath Foundation Breast Nurse
Prostate Nurse
Palliative Care
Continence Nurse Consultancy

CO-LOCATED VISITING SERVICES

Community Mental Health
Dorevitch Pathology

SUPPORT SERVICES

FINANCE

Financial and Management Reporting
Accounts Payable
Accounts Receivable
Fleet Management

HUMAN RESOURCES AND PAYROLL

Payroll
Salary Packaging
Health and Safety
Industrial Management
Employee Management
Recruitment and Contract Management

QUALITY, RISK AND EDUCATION

Risk Management
Quality Audits
Learning Services / Education
Emergency Management
Legislative Compliance

ENGINEERING

Building Maintenance and Development

SUPPLY SERVICES

Supply

HOTEL SERVICES

Food Services
Catering
Security
Waste Management
Environmental Services
Accommodation Management

INFORMATION TECHNOLOGY

INFORMATION SERVICES

Medical Records
Business Management
Freedom of Information / Privacy
Library

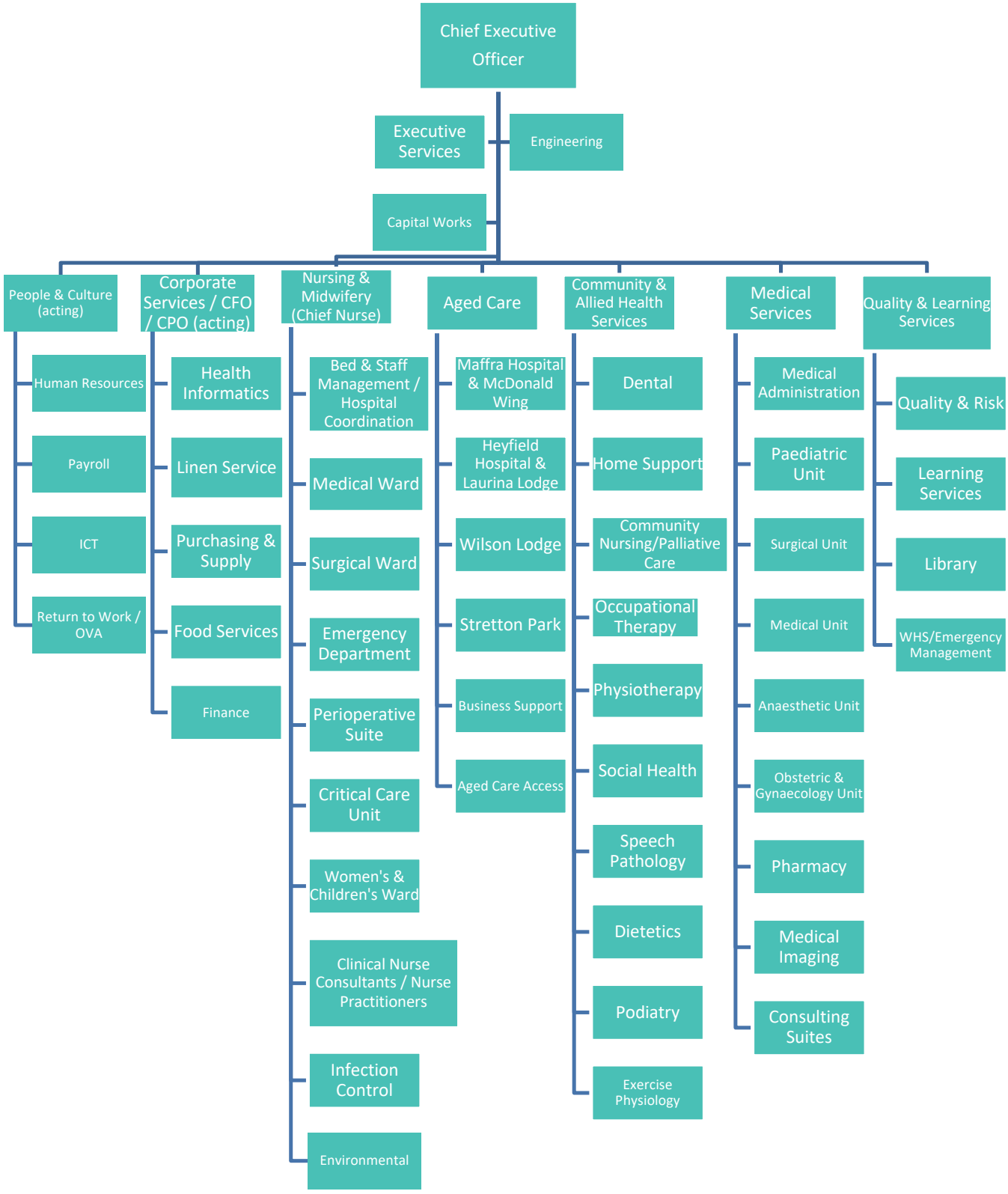
ADMINISTRATION

Strategic Planning
Fundraising
Quality and Risk Management

BUSINESS UNITS

Medical Imaging
Linen Service
Consulting Suites

Organisational Structure



Support Groups

FRIENDS OF CENTRAL GIPPSLAND HEALTH SERVICE

It is with great pleasure that I present this Annual Report on behalf of the Central Gippsland Health Service Auxiliary.

The past year has been another successful and rewarding one, demonstrating the remarkable generosity, dedication and community spirit that continue to support our local health service.

Throughout the year, our hardworking Auxiliary members and volunteers have devoted countless hours to fundraising activities. Their commitment and enthusiasm ensure that we can continue to raise much-needed funds to enhance patient care and support the purchase of valuable equipment for our health service.

We sincerely thank every member and volunteer for their tireless efforts, generosity of spirit and unwavering support.

Our fundraising calendar once again featured a number of much-loved community events. The Easter Raffle, Mother's Day Raffle and Father's Day Raffle were all enthusiastically supported and provided enjoyable opportunities for community members to contribute to our cause. These events not only raised important funds but also reinforced the strong connection between our health service and the community it serves.

A particular highlight of the year was our annual Christmas Gift Wrapping Stall held at the shopping centre in December 2025. This popular tradition continues to be warmly embraced by shoppers and would not be possible without the generosity of volunteers who give their time throughout the busy festive season. We are grateful to everyone who assisted with wrapping gifts, organising supplies and supporting the stall.

We also extend our heartfelt thanks to the many donors who have contributed throughout the year. This included proceeds from the Wellington Craft Group (now sadly drawn to a close) and funds raised by the Aircraft Ground Operations Team through the local Air Show. Every donation, regardless of size, plays an important role in helping us purchase equipment and resources that directly benefit patients, staff, and the community. This generosity helps ensure that our health service can continue providing high-quality care close to home.

To the wider community, thank you for the ongoing support of our fundraising efforts. Whether through purchasing raffle tickets, making donations, volunteering time, or supporting our events, these contributions make a meaningful difference. The success of the Auxiliary is a reflection of the collective goodwill and generosity that exists within our community.

As we look ahead, we remain committed to supporting the health service and identifying new opportunities to raise funds for essential equipment and improvements.

Together, we continue to make a positive impact on the care and wellbeing of patients and families. On behalf of our Auxiliary, thank you to everyone who has supported our work during the year. Your generosity, dedication and community spirit are deeply appreciated.

Elva Doolan-Jones
President

Support Groups

MAFFRA HOSPITAL AUXILIARY

I am pleased to bring you the 2025/2026 Maffra District Hospital Auxiliary Report.

The Hospital Auxiliary is a dedicated group who works to support the wellbeing of the residents and the staff that care for them. The Auxiliary also is appreciative of the support of senior staff and management at our meetings.

While the redevelopment of the hospital has meant we have not been involved in the purchase of larger items, we eagerly await the completion of the works and look forward to providing funds where needed.

This year we have introduced a fortnightly Book Trolley for the residents. The Book Trolley was constructed by the Maffra Men's Shed and generously financed by the Maffra Lions Club ladies – a great collaboration between local community groups for the benefit of the residents. Our members visit the residents, chat and offer reading materials which in turn builds relationships with them. We have also purchased three CD players for residents who prefer to listen to talking books or music.

Our Auxiliary is pleased to present Ms Kate Fraser with our first Bursary to provide her with financial support to further her studies in post-graduate palliative care.

We continue to recognise residents' birthdays with a gift and card to help celebrate their special day.

Our Auxiliary has also provided Christmas gifts for the residents with staff providing us with appropriate suggestions for gifts. Our members then purchase, wrap and present the gifts at a special Christmas get-together.

We purchased a soup maker and a breadmaker for the residents to be involved in the making of these winter treats and experience the smell of freshly baked bread throughout the facility.

We are also enjoying having some of the residents attend our monthly meetings.

We look forward to continuing our support of the hospital and residents, and appreciate the support we receive from the wider community with our fundraising efforts that take place throughout the year.

Joan Ray
President

Our Volunteers

At Central Gippsland Health Service (CGHS), our volunteers, community groups and partner organisations are at the heart of everything we do. Their commitment, generosity and local knowledge bring our Better Together vision to life and play a vital role in delivering high-quality, person-centred care and improving health outcomes across our community.

Our volunteers make a meaningful contribution across every part of the organisation. They provide invaluable support to patients in our hospital, residents in our aged care homes, clients receiving community services and our staff. Their contributions include assisting with activities and community transport, providing pet therapy, musical entertainment, religious and spiritual care, supporting administrative functions, and participating in quality improvement and governance through the Community Liaison Committee and Aboriginal and Torres Strait Islander Advisory Committee. Every volunteer enriches the experience of those who access our services and helps create welcoming, connected and compassionate environments.

Throughout the year, CGHS continued to strengthen and expand its volunteer program by exploring new opportunities for community involvement. This included the introduction of a refreshments program within the Dialysis Unit and the commencement of the Library Artefacts Project. We were also pleased to welcome student volunteers and participants in the Duke of Edinburgh Award program, providing valuable opportunities for young people to contribute to their community while developing new skills and experiences.

Our volunteers are valued partners in organisational planning and continuous improvement. Through ongoing consultation and feedback, they help shape the future of our volunteer program and ensure it continues to meet the needs of our organisation and community. These partnerships embody the spirit of our Better Together vision by strengthening connections, building trust, fostering genuine partnership and community-led co-design, learning from lived experience and driving continual improvements in patient care and service delivery.

In addition to supporting service delivery, volunteers are active partners in organisational planning, consultation and service improvement. Their lived experience, local knowledge and ongoing connection with our communities provide valuable insights that inform the co-design of services, quality improvement initiatives and future planning. Through regular consultation and engagement, volunteers continue to play an important role in shaping services that are responsive to the needs of our community.

During the year, we proudly recognised the outstanding contribution of our volunteers through a range of appreciation events, including our annual Christmas BBQ and a well-attended National Volunteer Week 2026 High Tea celebration. These occasions provided an opportunity to acknowledge the dedication, compassion and generosity of our volunteer workforce.

CGHS extends its sincere gratitude to our volunteers and community partners for the extraordinary difference they make every day. Their commitment, kindness and willingness to give their time enrich the lives of our patients, residents, clients, families and staff, and continue to strengthen the health and wellbeing of the communities we serve.

Donations

John Leslie Foundation	$562,886
Bequests	$521,611
Clyne Greenvale Trust	$43,719
Capital Donation	$156,828
General Donations	$16,961
TOTAL	**$1,302,005**

Senior Medical and Dental Staffs
2025/26

ANAESTHETIST CONSULTANT
Dr H Wassermann, Head of Unit
Dr A Green

ANAESTHETISTS GP
Dr J Braga
Dr N Fenner
Dr R Nandha
Dr C O'Kane
Dr J O'Sullivan

CARDIOLOGIST (OUTREACH CONSULTING)
Dr A Wilson
Dr F Gong
Dr A Huang
Dr A Macisaac
Dr K Moneghetti
Dr K Phan
Dr M Ray
Dr S Rowe
Dr L Creati

DENTISTS
Dr P Dutschke
Dr G Steele

DERMATOLOGISTS
Dr F Bhabha
Dr A Gin
Dr A Mar
Dr D Orchard
Dr L Chan

DIRECTOR MEDICAL SERVICES
Dr D Dua

EMERGENCY MEDICINE CONSULTANTS
Dr P Kas
Dr A Mahani

EMERGENCY MEDICINE SENIOR MEDICAL OFFICERS
Dr S Fernando
Dr R Mahmoud
Dr S Fernando

GASTROENTEROLOGIST
Dr M Ryan
Dr C Mills

GENERAL PRACTITIONERS
Dr R Nandha
Dr C O'Kane
Dr J Braga

HAEMATOLOGY
Dr A Ormerod

IVF/GYNAECOLOGY
Dr G Weston

NEPHROLOGIST
Dr R Wallace
Dr A Ramnarain

NUCLEAR MEDICINE RADIOLOGISTS
Dr R Shafik-Eid
Dr C Chang
Dr D Learmont-Walker

NEUROLOGIST

Dr A Pattichis
Dr T T-Chandran
Dr J Ray
Dr M Zhong
Dr K Bertram
Dr P Sagar

OBSTETRICIANS & GYNAECOLOGISTS

Dr N Zia,
Head of Unit
Dr M Bekbulatov
Dr R Tewari
Dr S Gupta
Dr T Annaiah

OBSTETRICIANS GP

Dr C O'Kane
Dr J Braga
Dr L Neilson
Dr S Williamson

ONCOLOGIST (MEDICAL)

Dr S Joshi
Dr D Dua

ONCOLOGIST (RADIATION)

Dr R Nair

OPHTHALMOLOGIST

Mr A Amini
Dr D Hickey
Dr S Chew

ORTHOPAEDIC SURGEONS

Mr M Thomas
Mr D Owen

PAEDIATRICIANS

Dr M Adamji,
Head of Unit
Dr D Silva
Dr A Oommen
Dr G Barrington
Dr D Alakkodan

PAEDIATRIC SURGEONS

Mr C Kimber
Dr G Aravinthan

PHYSICIANS

Dr V Jadhav,
Head of Unit
Dr M Cheah
Dr N Uddin
Dr S Silva
Dr S Nagendram
Dr A Yassiri

PHYSICIAN (INFECTIOUS DISEASES)

Dr E Paige
Dr D Griffin
Dr A Ashok

I-MED RADIOLOGISTS

Dr S Kapur
Dr B Varghese
Dr H Aw Yeang
Dr R Wijeratne
Dr H Patel
Dr A Tripathi
Dr P Ukwatta
Dr S Tan
Dr H Sivaganabalan
Dr A Patel
Dr A Verma
Dr G Whiteley

RESPIRATORY AND SLEEP MEDICINE

Dr N Uddin

SURGEONS GENERAL

Mr P Strauss
Mr M Nyandowe
Mr R Bennett
Dr A Young
Dr K Galketiya

SURGEON UPPER GASTROINTESTINAL (GI)

Mr S Banting

SURGEON VASCULAR (CONSULTING)

Mr N Roberts

UROLOGIST

Mr P McCahy

Acute and Aged Care
Service Managers

MEDICAL SERVICES

Director Medical Services	Divyanshu Dua
Director Clinical Training	Masimba Nyandowe
Head of Unit, Medicine	Vittal Jadhav
Clinical Lead, Emergency	Rasha Mahmoud
General Practice Liaison	Yousuf Ahmad
Hospital Medical Officer Manager	Jacqueline Southall
Director of Pharmacy	Aleksandra Florian
Consulting Suites Practice Manager	Melissa Schipper
Medical Imaging Practice Manager	Simon Waixel

SURGICAL SERVICES

Head of Unit, Surgery	Divyanshu Dua *(acting)*
Head of Unit, Anaesthetics	Henry Wassermann

OBSTETRIC/PAEDIATRIC SERVICES

Head of Unit, Obstetrics	Nuzhat Zia
Head of Unit, Paediatrics	Mustafa Adamji *(acting)*

NURSING SERVICES

Director of Nursing/ Chief Nurse	Mandy Pusmucans
Deputy Director of Nursing	Tracy McConnell-Henry
Assistant Directors of Nursing	Leanne Perkins Janny Steed Therese Smyth Caroline Rossetti Leanne Hearsey Sue Dobson
Nurse Unit Manager Critical Care, Dialysis, Cardiology, Oncology	Jenny Dennett and Courtney Redaelli
Nurse Unit Manager, Medical	Lisa Watson and Joanne Clutterbuck
Nurse Unit Manager, Emergency	Siobhan Broekhof
Nurse Unit Manager, Surgical	Adele Feist
Nurse Unit Manager, Perioperative Services	Mauricio Yanez
Nurse Unit Manager, Obstetrics and Paediatrics	Kim Costin and Kellie Gartung
Infection Control Clinical Nurse Consultants	Cathy Mowat and Andrea Page
Wound/Stomal Therapy Clinical Nurse Consultant	Ann Payne

AGED CARE SERVICES

Director Aged Care Services	Megan Tyler
Aged Care Services Manager - Wilson Lodge	Lachlan Hardy
Aged Care Services Manager - J.H.F. McDonald Wing Maffra	Tom Breakspear

COMMUNITY & ALLIED HEALTH SERVICES

Director Community & Allied Health Services	Pele Reeve
Manager, Home Support	Stacey Maxwell
Nurse Unit Manager, District Nursing	Kylee Jerome *(acting)* Simone Danaher *(from 17 November 2025)*
Manager, Dietetics	Andrea Schofield
Manager, Speech Pathology	Kath Cook
Manager, Social Health	Patrick Horgan
Manager, Occupational Therapy	Kath Cook *(acting)* Caroline Zacher *(from 5 January 2025)*
Manager, Physiotherapy, Exercise Physiology & Podiatry	Jenny McGuinness
Team Leader, Dental	Kate Robertson *(from December 2024)*
McGrath Foundation Breast Care Nurse	Janine Craft
Prostate Nurse	David Murray

CORPORATE SERVICES

Director Corporate Services	Robert Strickland Emma Brennan *(acting from 8 June 2026)*
Director People & Culture	Kirralee Richardson *(acting from 10 March 2026)*
General Manager Human Resources	Jeff Thompson *(until 6 March 2026)*
General Manager Business Performance & Data Analytics	Aileen Onley
Chief Finance Officer	Emma Brennan
Capital Works Project Manager	David Martin
Food Services Production Manager	Natalie Scott
Environmental Services Manager	Mark Skeen Tracey Azlin *(from 10 February 2026)*
Linen Service Manager	David Scott
Engineering Manager	Tim Hall *(until 17 April 2025)* Ben Channing *(8 September 2025 – 30 January 2026)*
Acting Engineering Manager	Mark Skeen *(from 30 April 2025)*
Supply Manager	Frank Requadt
Payroll Manager	Raquel King

QUALITY & LEARNING SERVICES

Director Quality & Learning Services	Kelli Mitchener
Manager Workforce Development (acting)	Amy Norden and Angela Leeson
Manager Quality and Risk	Julie Bond
Manager Work Health and Safety	Umar Afridi
Librarian	Helen Ried

Manner of Establishment

Central Gippsland Health Service is a public health service established under the Health Services Act 1988 (Vic). The responsible Ministers for the reporting period were:

Minister for Health **Minister for Ambulance Services**	**The Hon Mary-Anne Thomas MP** *(1 July 2025 to 15 April 2026)*
Minister for Health **Minister for Ambulance Services** **Minister for Water**	**Hon Harriet Shing MP** *(15 April 2026 to 30 June 2026)*
Minister for Health Infrastructure	**The Hon Melissa Horne MP** *(1 July 2025 to 30 June 2026)*
Minister for Mental Health **Minister for Ageing**	**The Hon Ingrid Stitt MP** *(1 July 2025 to 30 June 2026)*
Minister for Disability/Minister for Children	**The Hon Lizzie Blandthorn MP** *(1 July 2025 to 30 June 2026)*

REPORTING REQUIREMENTS

The information requirements listed in the Financial Management Act 1994 (the Act), the Standing Directions of the Minister for Finance under the Act (Section 4 Financial Management Reporting) and Financial Reporting Directions have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

LOCAL JOBS FIRST ACT 2003

No projects undertaken by CGHS during 2025/26 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

OBJECTIVES, FUNCTIONS, POWERS AND DUTIES OF CENTRAL GIPPSLAND HEALTH SERVICE

The principal objective of CGHS is to provide public hospital services in accordance with the Australian Health Care Agreement (Medicare) principles. In addition to these, Central Gippsland Health Service has set other objectives which encompass the shared vision, core values and strategic directions of the organisation.

Social Procurement
Framework

SOCIAL PROCUREMENT STRATEGY

At CGHS, procurement is about more than purchasing goods and services. It is an opportunity to create lasting value for the communities we serve by supporting local businesses, encouraging sustainable practices and contributing to positive social, economic and environmental outcomes across Wellington Shire and the wider region.

During the reporting period, CGHS continued to strengthen the way social procurement principles are embedded across purchasing and contract management activities. This work was guided by the Victorian Government's Social Procurement Framework, HealthShare Victoria requirements and the organisation's procurement policies.

Supporting local businesses remained a key focus. Wherever practical, and where value for money and procurement requirements could be met, CGHS chose to engage local suppliers and contractors. This approach helps keep investment within the region, supports local jobs and contributes to a stronger, more resilient local economy.

CGHS also continued to support workforce development through its engagement with students, trainees and visiting healthcare professionals. A key part of this effort is the organisation's accommodation program, which provides safe and affordable housing for medical, nursing and allied health professionals undertaking placements and clinical rotations. By reducing barriers for people training and working in rural healthcare settings, the program helps strengthen workforce attraction and retention across the region.

Environmental sustainability continued to be considered as part of procurement and contract management decisions. Where possible, CGHS sought opportunities to use resources more efficiently, reduce waste and promote responsible business practices. Broader social procurement objectives were also incorporated into procurement planning and supplier engagement activities, ensuring community benefit was considered alongside quality, service delivery and value for money.

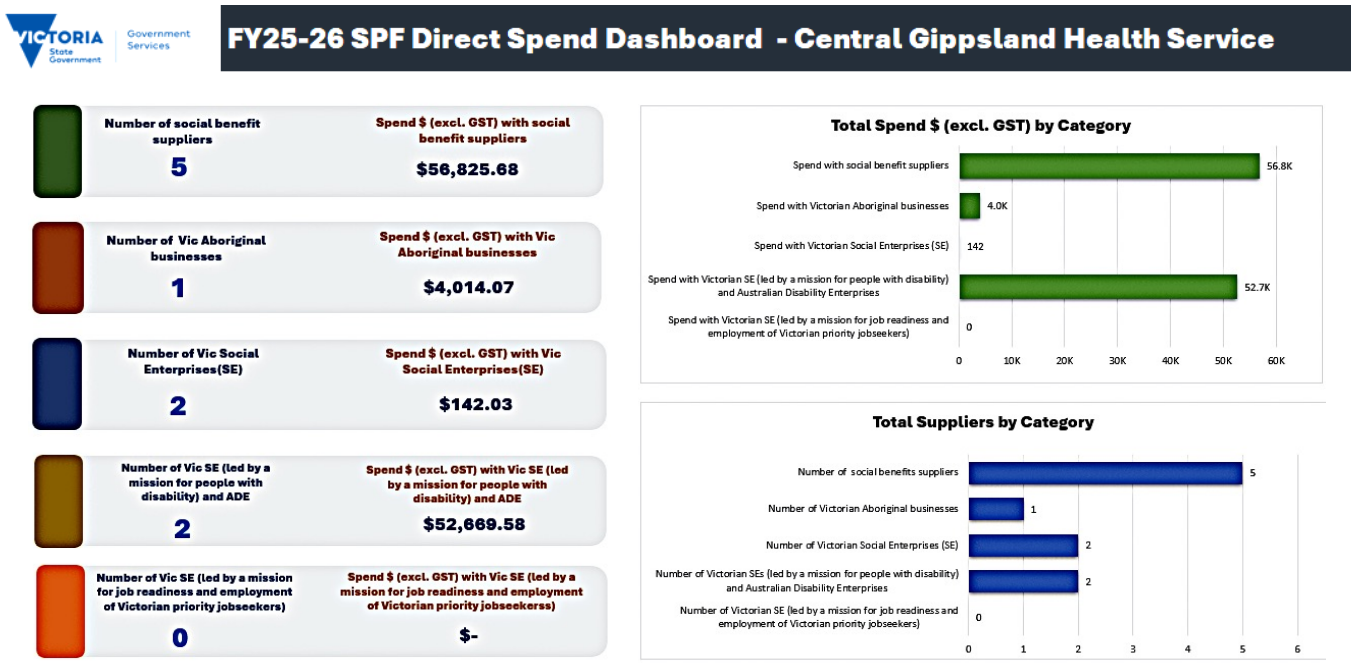
Throughout the year, CGHS maintained compliance with HealthShare Victoria purchasing policies while continuing to strengthen procurement governance. This included the use of standardised procurement documentation, consistent contract management practices and the ongoing implementation of the Jaggaer procurement system. Procurement processes also took into account supplier ethics, legislative compliance and responsible business conduct.

Looking ahead, CGHS remains committed to building its social procurement capability and identifying new ways to maximise positive outcomes through its purchasing activities. By making procurement decisions that deliver both operational value and community benefit, CGHS aims to support the long-term health, wellbeing and sustainability of the communities it serves.

ABN WASH TOOL

The Victorian Government ABN Wash is a data-matching tool used to analyse an organisation's supplier expenditure against the Australian Business Register and recognised social procurement supplier databases. The tool identifies spending with Victorian Aboriginal businesses, social enterprises, Australian Disability Enterprises and other recognised supplier cohorts that contribute to the objectives of the Victorian Government's Social Procurement Framework.

The ABN Wash provides an evidence-based assessment of procurement activity, enabling organisations to measure and report their social procurement performance, monitor progress over time, and identify opportunities to increase engagement with suppliers that deliver positive social, economic and environmental outcomes for the Victorian community. The results support transparent annual reporting and demonstrate the organisation's commitment to achieving value beyond the purchase of goods and services.



FY25-26 SPF Direct Spend Metrics - Central Gippsland Health Service

All suppliers	
Number of suppliers engaged	1208
Total expenditure (excl. GST)	$104,370,203.(

Social benefit suppliers	
Number of social benefit suppliers engaged	5
Total expenditure with social benefit suppliers (excl. GST)	$56,825.68

SPF Objective: Opportunities for Victorian Aboriginal people	
SPF Outcome: Purchasing from Victorian Aboriginal businesses	
Metric 1. Number of Victorian Aboriginal businesses engaged	1
Metric 2. Total expenditure with Victorian Aboriginal businesses (excl. GST)	$4,014.07

SPF Objective: Opportunities for Victorians with disability	
SPF Outcome: Purchasing from Victorian Social Enterprises led by a mission for people with disability and Australian Disability Enterprises	
Metric 3. Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged	2
Metric 4. Total expenditure with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (excl. GST)	$52,669.58

SPF Objective: Opportunities for Victorian priority jobseekers	
SPF Outcome: Purchasing from Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	
Metric 5. Number of Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers engaged	0
Metric 6. Total expenditure with Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers (excl. GST)	$0.00

SPF Objective: Sustainable Victorian social enterprises and Aboriginal businesses	
SPF Outcome: Purchasing from Victorian social enterprises and Aboriginal businesses	
Metric 7. Number of Victorian social enterprises engaged	2
Metric 8. Total expenditure with Victorian social enterprises (excl.GST)	$142.03
Metric 9. Number of Victorian Aboriginal businesses engaged	1
Metric 10.Total expenditure with Victorian Aboriginal businesses (excl. GST)	$4,014.07

PROCUREMENT COMPLAINTS

In 2025/26, CGHS did not receive any complaints in relation to the procurement of goods and services by entities within the scope of the Victorian Government Purchasing Board framework.

EMERGENCY PROCUREMENT

In 2025/26, CGHS did not activate any emergency procurement of goods and services within the scope of the Victorian Government Purchasing Board procurement framework.

GOVERNMENT ADVERTISING CAMPAIGN

In 2025/26, CGHS had no activities or circumstances that triggered the disclosure threshold of $100,000 on government advertising expenditure.

DETAILS OF CONSULTANCIES (UNDER $10,000)

In 2025/26, there was one consultancy where the total fees payable to the consultants were less than $10,000.

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (EXCLUDING GST)	EXPENDITURE 2025/26 (EXCLUDING GST)	FUTURE EXPENDITURE (EXCLUDING GST)
David Ford Healthcare Consulting	Human Resources related matter	1 Dec 2025	30 Dec 2025	$4,265	$4,625	Nil

DETAILS OF CONSULTANCIES (VALUED AT $10,000 OR GREATER)

In 2025/26, there were two consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025/26 in relation to these consultancies is $38,031 (excl. GST). Details of individual consultancies can be viewed at www.cghs.com.au

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (EXCLUDING GST)	EXPENDITURE 2025/26 (EXCLUDING GST)	FUTURE EXPENDITURE (EXCLUDING GST)
Kelloway Lonsdale Pty Ltd	Strategic Planning Support	July 2025	Oct 2025	$20,031	$20,031	Nil
Vuca Pty Ltd	Board Evaluation	Sept 2025	Sept 2025	$18,000	$18,000	Nil

GRANTS AND TRANSFER PAYMENTS

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

REVIEWS AND STUDY EXPENSES

During 2025/26, there were no reviews or studies that met the criteria for inclusion in the Annual Report.

NATIONAL COMPETITION POLICY

CGHS complies with the National Competition Policy, including compliance with the requirements of the policy statement Competitive Neutrality Policy Victoria and any subsequent reforms.

Competitive neutrality is seen as a complementary mechanism to the ongoing quest to increase operating efficiencies by way of benchmarking and embracing better work practices.

CGHS complies with all government policies regarding competitive neutrality with respect to all tender applications.

There were no competitive neutrality complaints at CGHS during the reporting period.

BUILDING ACT 1993 COMPLIANCE

CGHS complies with the building and maintenance provisions of the Building Act 1993, including relevant provisions of the National Construction Code.

All new work and redevelopment of existing properties is carried out to conform to the above legislation. The local authority or a building surveyor issues either a Certificate of Final Inspection or an Occupancy Permit for all new works or upgrades to existing facilities.

CGHS requires building practitioners engaged on building works to be registered and to maintain registration throughout the course of the building works.

Major Works Projects (greater than $50,000) during the 2025/26 financial year included:

- **Heating, Ventilation and Air Conditioning (HVAC)**

  Installation of new Air Handling Units (AHU) into the Central Sterilisation Department (CSSD) and Linen Service prepacking room to manage humidity.

- **Fire Safety Works**

  Under the oversight of Blair Architects, these works are to address actions from CGHS's five-yearly fire safety audit, including updated fire safety handbooks, documenting of all compartment doors, service engineers' documentation for sprinklers, extinguishers, emergency lighting and exit signs.

BUILDING WORKS COMPLETED 2025/26

Behavioural Assessment room (completed October 2025)

$190,000 was provided through the Health Service Violence Prevention Fund, with the remaining $500,000 self-funded through donations etc, to build a Behavioural Assessment Room (BAR) in the Emergency Department. A BAR is a secure, ligature proof room that enables the safe management of patients with behavioural disturbance.

Community Building safety works (completed March 2026)

$2,732,000 was provided by the Regional Health Infrastructure Fund to restore our Community Services Building to its former glory, including replacement of support structures, restoration of roof, gutters and drainage on balconies and repaint of the building in a heritage colour.

For the recently completed works, building permits, occupancy permits or certificates of final inspection were issued during the reporting period in relation to buildings owned by the Victorian Department of Health or CGHS.

CGHS engages an external provider (ASEG) to provide an annual safety measures report in relation to its buildings, and internally manages the scheduling of preventative maintenance using a building management system (FMI).

There were no emergency orders or building orders issued in relation to buildings during the reporting period.

Five-yearly fire risk audits were conducted in 2022/23 and will be due again in 2027/28.

CGHS installs and maintains fire safety equipment in accordance with building regulations and regularly conducts audits. The upgrading of fire prevention equipment in buildings is also undertaken as part of any general upgrade of properties, where necessary, and is identified in maintenance inspections.

SAFE PATIENT CARE (NURSE TO PATIENT AND MIDWIFE TO PATIENT RATIOS) ACT 2015

CGHS has no matters to report in relation to its obligations under section 40 of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015.

ENVIRONMENTAL PERFORMANCE

CGHS continues to work towards improving its environmental performance, including reducing reliance on gas and replacing gas powered equipment with electrical equivalents and/or new technologies and systems.

During 2025/26, CGHS continued to employ environment-friendly strategies, such as:

- Ongoing upgrades to the carrier Building Management System to improve control of heating/cooling, increasing efficiencies and moving away from fixed speed motors to variable speed drive motors, to reduce power consumption.
- Reducing annual carbon emissions through solar installation, as well as achieving an overall 30 per cent energy saving and investigating further options for installation of solar and optimisation of production with string reconfiguration and extensive cleaning.
- Investigating potential for solar with Autonomous Vehicle (AV) charging, to move from a fossil fuelled vehicle fleet to an electric vehicle fleet. A proposal is being considered for additional solar production by roofing over the south staff carpark (this would also provide Electrical Vehicle (EV) charging). The proposal would require funding to proceed.
- Installing fixtures, fittings and equipment in new buildings, refurbishments and renovations to reduce water usage.
- Working to remove natural gas from Sale Hospital's main kitchen. CGHS has one remaining gas appliance in the kitchen that uses gas (a six-burner cooking range). CGHS is investigating how to replace this with induction which will include upgrading of pots/pans and the kitchen switchboard to accommodate the increased load.
- Investigating electrification of domestic hot water, with a fee proposal received for required equipment. This proposal would require funding to proceed.
- CGHS is currently working with the Victorian Health Building Authority (VHBA) on gas substitution, reviewing all gas infrastructure on site and its usage, with the intention to reduce reliance on natural gas.
- CGHS separates its waste into general and recyclable waste (the latter being cardboard, co-mingled, Polyvinyl Chloride (PVC), medical and trade waste). CGHS also commenced use of the 10-cent deposit scheme and provided additional bins to collect refundable waste. CGHS continues to work towards maximising the HealthShare Victoria contract to separate waste and recognise value.
- CGHS, in partnership with VHBA, has entered into an energy performance contract which will consider additional solar, Variable Speed Drive motors rather than fixed speed, transitioning of fluorescent lighting to LED, heat recovery, water savings, replacement of domestic gas hot water with heat pumps, replacement of energy hungry equipment with modern energy efficient equipment and better use of a Building Management System for building heating and cooling loads (to match building occupancy profiles and times).



Environmental Impacts and Energy Usage

GREENHOUSE GAS EMISSIONS	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN 24
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO_2-e)			
Carbon Dioxide	1,709.74	1,740.23	1,886.23
Methane	2.97	3.05	3.33
Nitrous Oxide	2.17	2.14	2.20
Total	**1,714.88**	**1,745.42**	**1,891.76**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**1,501.30**	**1,540.64**	**1,687.43**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**213.59**	**204.78**	**204.32**
Medical/Refrigerant gases			
Nitrous oxide	50.39	16.73	
Sevoflurane	5.01	1.66	
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**1,770.28**	**1,763.82**	**1,891.76**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)			
Electricity	2,531.37	2,515.53	2,359.53
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**2,531.37**	**2,515.53**	**2,359.53**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO_2-e)			
Commercial air travel			
Waste emissions (WR5)	115.87	328.11	328.30
Indirect emissions from Stationary Energy	460.30	461.21	422.29
Indirect emissions from Transport Energy	52.97	50.78	50.73
Paper emissions			
Water emissions	81.23	75.61	85.38
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (CO_2-e(t))	**710.38**	**915.70**	**886.70**

G(Opt) Net greenhouse gas emissions (t CO_2-e)			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO_2-e(t))	**5,012.03**	**5,195.04**	**5,137.99**
Total gross reported greenhouse gas emissions per bed-day (t CO_2-e/OBD)	0.10	0.10	0.10
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-2,932.14	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-2,875.13**		
Any Offsets purchased	**-2,875.13**		
Net greenhouse gas emissions (t CO_2-e)	**2,136.89**	**5,195.04**	**5,137.99**

ELECTRICITY USE	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	3,777.20	3,802.66	3,587.44
Self-generated	330.33	821.66	824.73
EL1 Total electricity consumption (MWh)	**4,107.53**	**4,624.32**	**4,412.17**
EL2 On site-electricity generated (MWh) segmented by: Consumption behind-the-meter			
Solar Electricity	330.33	821.66	824.73
Total Consumption behind-the-meter (MWh)	**330.33**	**821.66**	**824.73**
Exports			
Solar Electricity	10.62		
Total Electricity exported (MWh)	**10.62**		
EL2 Total On site-electricity generated (MWh)	**340.96**	**821.66**	**824.73**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.80	0.80	0.80
Solar System	0.92	0.92	0.92
EL3 Total On-site installed generation capacity (MW)	1.72	1.72	1.72
EL4 Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	3,187.11		
RPP (Renewable Power Percentage in the grid)	652.06	695.77	672.96
EL4 Total electricity offsets (MWh)	**3,777.20**	**695.77**	**672.96**

STATIONARY ENERGY	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
F1 TOTAL FUELS USED IN BUILDINGS AND MACHINERY SEGMENTED BY FUEL TYPE (MJ)			
Natural gas	29,134,475.80	29,897,903.30	32,746,629.90
F1 Total fuels used in buildings (MJ)	**29,134,475.80**	**29,897,903.30**	**32,746,629.90**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO_2-e)			
Natural gas	1,501.30	1,540.64	1,687.43
F2 Greenhouse gas emissions from stationary fuel consumption (t CO_2-e)	**1,501.30**	**1,540.64**	**1,687.43**

TRANSPORTATION ENERGY	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline		0.00	
Petrol		**0.00**	
Executive fleet - E10	948,954.20	899,472.80	1,016,717.80
Petrol (E10)	**948,954.20**	**899,472.80**	**1,016,717.80**
Executive fleet - Diesel	2,212,706.40	2,101,113.80	1,916,181.20
Non-executive fleet - Diesel		29,285.90	106,369.60
Diesel	**2,212,706.40**	**2,130,399.70**	**2,022,550.80**
Total energy used in transportation (vehicle fleet) (MJ)	**3,161,660.60**	**3,029,872.50**	**3,039,268.60**

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)			
Non-executive fleet - Gasoline		0.00	
Petrol		**0.00**	
Executive fleet - E10	57.79	54.78	61.92
Petrol (E10)	**57.79**	**54.78**	**61.92**
Executive fleet - Diesel	155.80	147.94	134.92
Non-executive fleet - Diesel		2.06	7.49
Diesel	**155.80**	**150.00**	**142.41**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO_2-e)	**213.59**	**204.78**	**204.32**

T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)			
Total distance travelled by commercial air travel	**N/A**	**N/A**	**N/A**

T(opt1) Total vehicle travel associated with entity operations (1,000 km)
Total vehicle travel associated with entity operations (1,000 km)

T(opt2) Greenhouse gas emissions from vehicle fleet (t CO_2-e per 1,000 km)
t CO_2-e per 1,000 km

TOTAL ENERGY USE	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	29,134,475.80	29,897,903.30	32,746,629.90
Total energy usage from transport (T1) (MJ)	3,161,660.60	3,029,872.50	3,039,268.60
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**32,296,136.40**	**32,927,775.80**	**35,785,898.50**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	**14,787,118.68**	**16,647,545.04**	**15,883,803.36**
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	14,787,119.20	5,552,681.89	5,493,334.46
Non-renewable (E1 + E2 - E3 Renewable)	32,296,135.88	44,022,638.95	46,176,367.39
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	1,837.95	1,847.85	1,993.79
Energy per unit of LOS (MJ/LOS)	1,540.78	1,654.01	1,817.42
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	838.15	872.78	950.76
Energy per unit of Separations (MJ/Separations)	3,038.72	3,374.33	3,572.35
Energy per unit of floor space (MJ/m^2)	1,491.14	1,580.22	1,651.01

SUSTAINABLE PROCUREMENT	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24

WATER USE	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	57,906.06	46,222.83	50,881.12
Total units of water consumed (kL)	**57,906.06**	**46,222.83**	**50,881.12**

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity			
Water per unit of Aged Care OBD (kL/Aged Care OBD)	2.42	1.84	2.09
Water per unit of LOS (kL/LOS)	2.03	1.64	1.90
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	1.11	0.87	0.99
Water per unit of Separations (kL/Separations)	4.01	3.35	3.74
Water per unit of floor space (kL/m^2)	1.97	1.57	1.73

WASTE AND RECYCLING	JUL 25 - JUN 26	JUL 24 - JUN 25	JUL 23 - JUN24
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - skips	72,558.00	235,813.50	235,813.50
Offsite treatment			
Clinical waste - incinerated	1,865.41	1,865.41	1,869.60
Clinical waste - sharps	2,319.18	2,319.18	2,347.45
Clinical waste - treated	12,995.88	12,995.88	13,116.12
Recycling/recovery (disposal)			
Cardboard			49,830.00
Commingled			10,919.04
PVC	125.00	171.00	1,071.00
Total units of waste disposed (kg)	**89,863.47**	**253,164.97**	**314,966.72**

WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	80.74%	93.15%	74.87%
Offsite treatment			
Clinical waste - incinerated	2.08%	0.74%	0.59%
Clinical waste - sharps	2.58%	0.92%	0.75%
Clinical waste - treated	14.46%	5.13%	4.16%

Recycling/recovery (disposal)			
Cardboard			15.82%
Commingled			3.47%
PVC	0.14%	0.07%	0.34%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated ((kg general waste)/PPT)	0.85	2.76	2.87
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.20	0.20	0.21
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.00	0.00	0.75

WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	125.00	171.00	61,820.04
Weight of total waste (kg)	89,863.47	253,164.97	314,966.72
Recycling rate (%)	0.14%	0.07%	19.63%

WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)			
t CO_2-e	115.87	328.11	328.30

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

Total distance travelled by commercial air travel - No air travel was undertaken during the reporting period therefore no associated data was recorded.

Electricity consumption has seen a marked decrease - This is due to the replacement of older equipment with more energy-efficient alternatives, and upgrades to Heating, Ventilation and Air Conditioning (HVAC) systems.

Natural gas usage has seen a marked decrease - This reflects CGHS's ongoing efforts to transition away from natural gas.

Transport fuel data shows a significant reduction – This is the result of CGHS introducing a new fleet of hybrid vehicles.

Solar performance is significantly lower than the previous year, due to the system being offline for a number of months for repairs and temporary removal of solar panels to facilitate roof works.

FREEDOM OF INFORMATION ACT 1982

During 2025/26, CGHS received 343 Freedom of Information (FoI) applications. Of these requests, 110 were from Solicitors of Professional Bodies and the remainder from the general public.

CGHS made 324 FoI decisions during the 12 months ended 30 June 2026.

There were 324 decisions made within the statutory time periods. No decisions were made in greater than 45 days.

Of the total decisions made, 324 granted access to documents in full, nil granted access in part and nil decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 11 days.

During 2025/26, no request was subject to a complaint/internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

CGHS manages all FoI requests in accordance with the Freedom of Information Act 1982.

To make an FoI request, contact the FoI Manager at foi.request@cghs.com.au or on (03) 5143 8552.

A fee is levied for this service based on the time involved in retrieving and copying the requested documents.

CGHS's nominated officers under the *Freedom of Information Act 1982* are:

PRINCIPAL OFFICER

Ms Michele Gardner, Chief Executive Officer

FREEDOM OF INFORMATION MANAGER

Ms Aileen Onley, General Manager Business Performance and Data Analytics

PUBLIC INTEREST DISCLOSURE ACT 2012

CGHS complies with the regulations in the *Public Interest Disclosure Act 2012* (the Act) which came into operation on 10 February 2013 (amended on 6 April 2020). The purposes of the Act are to:

- encourage and facilitate disclosures of
  - (i) improper conduct by public officers, public bodies and other persons, and
  - (ii) detrimental action taken in reprisal for a person making a disclosure under the *Public Interest Disclosure Act 2021.*
- provide protection for
  - (i) persons who make those disclosures, and
  - (ii) persons who may suffer detrimental action in reprisal for those disclosures.
- provide for the confidentiality of the content of those disclosures and the identity of persons who make those disclosures.

These procedures, established by the public body under Part 9, are available to all staff on our organisational document management system (PROMPT) and included in our onboarding handbook for all new employees. Members of the public can access information about these CGHS procedures by contacting the Human Resources department at hradmin@cghs.com.au.

During the year 2025/26, CGHS did not report any disclosure to IBAC under Section 21(2).

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:
Chief Executive Officer
Phone: (03) 5143 8319
Email: ceo.office@cghs.com.au

Year in Review

ADMITTED SERVICES	2025/26
SEPARATIONS	
Same Day	9,448
Multi Day	4,505
Sub-Acute	507
Total Separations	14,460
THEATRE SERVICES	
Emergency Surgery	436
Elective Surgery	3,180
Total Surgical Occasions	3,616
TOTAL INPATIENT NWAU (NATIONAL WEIGHTED ACTIVITY UNIT)	
Bed Days	28,568
Emergency Department Attendances	18,266
Babies Birthed	368
COMMUNITY SERVICES	
Hours delivered by Community Services	107,701
Meals Delivered	20,075
Hours delivered to externally funded community, aged care package clients	52,778
Palliative Care Contacts	8,902
Non-admitted Subacute and Specialist Outpatient Clinic Service Events	39,920

Data Sourced from QLIK, iPM and Carelink

SUMMARY OF FINANCIAL RESULTS

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result*	**-$1,929**	**-1,741**	**-3,968**	**0**	**0**
Total Revenue	166,712	153,883	141,822	128,266	117,550
Total Expenses	168,617	163,580	149,425	145,174	132,225
Net result from transactions	**-1,905**	**-9,697**	**-7,603**	**-3,362**	**- 3,959**
Total other economic flows	4,583	-870	-415	-199	- 1,589
Net Result	**2,678**	**-10,567**	**-8,018**	**-3,561**	**- 5,548**
Total Assets	117,675	102,934	112,312	86,261	86,516
Total Liabilities	54,452	42,388	41,199	42,416	41,962
Net Assets / Total Equity	**63,223**	**60,546**	**71,113**	**43,845**	**44,554**

*The Operating result is the result for which the health service is monitored in its Statement of Priorities.

RECONCILIATION OF NET RESULT FROM TRANSACTIONS AND OPERATING RESULT

	2025/26 $000
Operating Result	(1,929)
Capital purpose income	2,045
Specific income	964
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	8
State supply items consumed up to 30 June 2025	(8)
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	(1,878)
Depreciation and amortisation	(10,404)
Revaluation of non-financial assets	-
Finance costs (other)	(151)
Net result from transactions	**(11,353)**

A SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION DURING THE YEAR

The net financial position for CGHS was a net operating loss after depreciation of $11.4 million compared to the 2025 operating loss of $9.7 million (a difference of $1.7 million). The change in the result was due an increase in employee expenses ($4.1 million increase) and supplies and consumables ($4.9 million increase). Revenue for the year increased from 2025 to 2026 by $3.2 million, the significant contributor being State and Commonwealth Government Grants; while expenses for the year increased from $151.8 million (2025) to $158.0 million, the significant contributors being employee expenses (4.06% increase), depreciation (11.46% decrease) and supplies and consumables (4.22% increase).

More specific disclosures on the changes in the financial result in 2026 compared to 2025 are provided in the financial statements section of this annual report.

THE OPERATIONAL AND BUDGETARY OBJECTIVES AND PERFORMANCE AGAINST OBJECTIVES

During the financial year, operational and budgetary objectives included activities and achievements to deliver a balanced budget position (before capital and depreciation), approved by the Victorian Department of Health.

The 2025/26 operations were influenced by the impact of enterprise bargaining on salary and wages, the impact of inflation on supplies and consumables and increases in the cost of non-salaried staff. CGHS undertook cost saving measures that did not impact front line services to achieve the desired result. The Department supported CGHS to the value of budgeted activity to cover increased costs related to inflationary pressures.

EVENTS SUBSEQUENT TO BALANCE DATE

Nil events.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

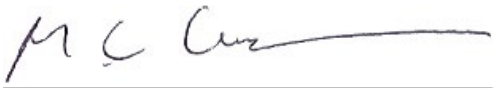
For the 2025/26 reporting period, CGHS had a total ICT expenditure of $3,513,079, with the details shown below:

BUSINESS AS USUAL (BAU) ICT EXPENDITURE	
Total (excluding GST)	$3,220,325

NON-BUSINESS AS USUAL (NON-BAU) ICT EXPENDITURE	
Total = operational expenditure and capital expenditure (excluding GST)	$292,754
Operational expenditure (excluding GST)	$0
Capital expenditure (excluding GST)	$292,754

DATA INTEGRITY

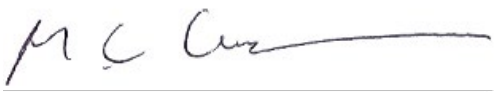
I, Michele Gardner, certify that Central Gippsland Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Central Gippsland Health Service has critically reviewed these controls and processes during the year.



Michele Gardner
Accountable Officer
Central Gippsland Health Service
30 June 2026

CONFLICT OF INTEREST

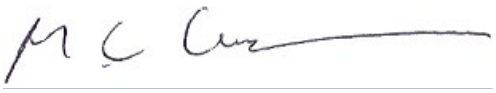
I, Michele Gardner, certify that Central Gippsland Health Service has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the Victorian Public Sector Commission (VPSC). Declaration of private interest forms have been completed by all executive staff within Central Gippsland Health Service 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.



Michele Gardner
Accountable Officer
Central Gippsland Health Service
30 June 2026

INTEGRITY, FRAUD AND CORRUPTION

I, Michele Gardner, certify that Central Gippsland Health Service has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Central Gippsland Health Service during the year.

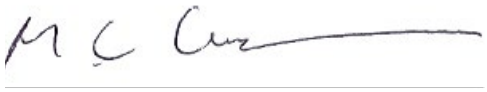


Michele Gardner
Accountable Officer
Central Gippsland Health Service
30 June 2026

COMPLIANCE WITH HEALTHSHARE VICTORIA (HSV) PURCHASING POLICIES

I, Michele Gardner, on behalf of Central Gippsland Health Service, certify that Central Gippsland Health Service has the following material compliance deficiencies with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic):

HSV PP REQUIREMENT	SUMMARY OF ISSUE	ACTIONS BEING TAKEN TO ADDRESS	TIMEFRAME
HSV PP4 2.2) b)			
Health Services systematically and efficiently manage contract creation, execution and asset disposal for maximising operational and financial performance and minimising risk: Health services include the following minimum clauses within contracts: i. transition clause, ii. Confidentiality clause, iii supplier code of conduct	A significant number of legacy contracts were previously uploaded into HSV's Jaggaer database, the majority of which were not on a CGH standard contract and a number of which did not include the minimum clauses required by HSV policy. As contracts expire or are being extended CGH is in negotiation to either move onto standard terms contracts or include the 3 minimum terms.	Address the gaps highlighted in contract recordkeeping.	Ongoing
HSV PP5 2.2) b)			
Comply with HSV's collective agreements, supply chain conditions/specifications or approved Victorian Government SPC/SEPC to gain value for money through aggregated demand: Compliance with HSV Collective Agreements, supply chain conditions/ specifications, and HSV approved SPC and SEPC opportunities, including reporting	A small number of items were purchased outside collective agreements. These purchases were limited and generally occurred where there was no suitable supplier available through an existing agreement or where specific operational requirements needed to be met.	Education for staff responsible for ordering of supplies and consumables, enhanced oversight and reporting to identify non-compliance earlier.	Ongoing



Michele Gardner
Accountable Officer
Central Gippsland Health Service
30 June 2026

CENTRAL GIPPSLAND HEALTH SERVICE FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION STATEMENT

I, Arthur Skipitaris, on behalf of the Responsible Body, certify that Central Gippsland Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Arthur Skipitaris
Responsible Officer
Central Gippsland Health Service
30 June 2026

Statement of Priorities

Part A

In 2025/26, Central Gippsland Health Service contributed to the achievement of the Victorian Government's commitments by:

INNOVATE AND IMPROVE ACCESS AND CARE

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

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	Achieved In the latter part of 2026, CGHS has undertaken a significant review of our consumer engagement and volunteer model in consultation with our Board of Directors, Community Liaison Committee and Executive team. CGHS has a well embedded process for inpatients to escalate concerns about their care through the REACH (Recognise, Engage, Act, Call, Help is on its way) system. Consumers have been engaged in the evaluation and review of CGHS staff orientation and training, resulting in reshaping of our training models to ensure they are more consumer focused
	Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	Achieved This has been achieved through the introduction of a Clinical Risk Review Panel (CRRP) to review patient feedback and ensure a more transparent and consumer centred approach to complaints management and implementation of system changes as a result of valuable consumer feedback. During the period, CGHS underwent an independent Clinical Governance Review which resulted in improved reporting transparency and system reform, with engagement at the most senior levels of the organisation. CGHS has implemented an enhanced audit software program to improve monitoring of quality and safety and implementation of system improvements.

	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Achieved CGHS has undertaken a review and simplification of the process for completing staff capability development plans. This has resulted in a significant improvement in completion rates and currency of plans. A review of our staff orientation program has been undertaken during the period, with the recent inclusion of a consumer to provide evaluation and feedback. CGHS has strengthened our mandatory training matrix for all staff to ensure staff safety and continuous improvement. Grand Rounds have been significantly enhanced and diversified to encourage wider staff and partners participation, incorporating GPs and external parties.
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.	Achieved. CGHS implemented a Mental Health Model of Care to improve the care of patients within the Emergency Department and across the health service, and improve patient flow. CGHS has had an improvement focus on meeting patient flow Key Performance Indicators and reduced waiting times for patients in the Emergency Department. A significant step forward in improving patient flow and reducing the number of people within our vulnerable communities who have discharged against medical advice has been the implementation of an enhanced triage model of care for Aboriginal and Torres Strait Islander patients in the Emergency Department. CGHS is also finalising an Acute Dementia Model of Care to support the timely care and discharge of patients with dementia to a safe and appropriate environment for ongoing care.

Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	Achieved. The CGHS Surgical Ward has implemented Criteria Led Discharge for both hip and knee joint replacement patients. CGHS has implemented a multidisciplinary Perioperative Committee to review and monitor theatre efficiency and productivity, and management of patient waiting lists, focusing on care closer to home. CGHS is working in partnership with the Gippsland Local Health Service Network to ensure enhanced clinical pathways and transparency of waiting lists across Gippsland.
	Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups for example, Aboriginal and Torres Strait Islander patients and under-18 patients.	Achieved. CGHS has introduced same day surgery for Laparoscopic Cholecystectomy and hernia repair patients to reduce waiting times and length of stay; and enhance quality of care. Over the past 12 months, CGHS has continued to focus on reducing endoscopic waitlists and implementing reviews to reduce risk to patients with long waiting times. CGHS has undertaken a comprehensive review and reform of outpatient waiting lists, with ongoing monitoring.

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

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

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters. Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Achieved. CGHS implemented comprehensive financial improvement plans during the year to improve the financial position of the organisation and improve our stewardship of public funds. Actions identified in these plans are routinely monitored and reported on to ensure enhanced finance performance and leadership oversight. CGHS has introduced a Finance Partnering Model to ensure financial sustainability and effective business practices. CGHS is also one of several health services participating in the SQuDS (Safer, Quality Use of Diagnostics in the ED) state-wide Safer Care Victoria and Climate Health Victoria initiative focused on improving the appropriateness, safety, and sustainability of diagnostic testing.
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	Achieved. CGHS has continued to monitor service delivery, targets and waitlists; adjusting where appropriate throughout the year to ensure patient safety and reduce unnecessary waiting times for our community. During the period, CGHS was successful in receiving a significant Commonwealth grant to establish a regional Specialist Dementia Care Unit. This will ensure care is delivered to complex dementia patients across the region in the most appropriate and supportive setting; reducing the high-cost use of acute beds at CGHS and across the region.

A STRONGER WORKFORCE

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

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
Position Victoria as a leader in employee experience, capability and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development and agility to ensure safe, high-quality care.	Achieved. CGHS implemented a new Gender Equality Action Plan during the period, with engagement of senior leaders and staff. CGHS also established an Aged Care staffing pool which has significantly reduced the use of agency staff in our aged care facilities and ensured a more stable workforce. CGHS has also increased the number of graduate nurse positions across the health service to ensure a sustainable workforce pipeline for the future, with a focus on growing our own staff into future leadership and clinical roles.
	Collaborate with the department to improve workforce data analytics, generate actionable insights and enhance strategic planning.	CGHS has actively collaborated with the Department through our monthly partnership meetings to review and enhance our data analytics and ensure we focus on the workforce needs of our subregional health service. In particular, aligning to the recently published GLHSN workforce plan which CGHS actively contributed to. This further enhances the workforce goals and objectives in our new strategic plan.

IMPROVING ABORIGINAL HEALTH AND WELLBEING

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

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	Achieved. CGHS has a mandatory training module for all staff, focused on cultural safety and competency. Our Aboriginal and Torres Strait Islander Committee has been very active in their support of our Koorie Careers Day to promote opportunities for Koorie youth to be exposed to all aspects of health care and to provide employment opportunities to remain in the region. CGHS, locally and in partnership with the Gippsland Local Health Service Network, has clearly set out expectations to all staff around valuing diversity in our workforce and not tolerating racism across our health service.
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery and evaluation of health and wellbeing services.	Achieved. CGHS has a very productive and engaged Aboriginal and Torres Strait Islander Advisory Committee, with active involvement of elders/Aboriginal controlled organisations, Executives and CEO. This committee guides CGHS in providing culturally safe and supportive healthcare to our Aboriginal and Torres Strait Islander community. We continue to work in partnership with Ramahyuck Aboriginal Corporation, with structured leadership meetings, involving both CEOs. CGHS celebrates important events, such as NAIDOC Week and National Reconciliation Week, to demonstrate our commitment to recognising the deep connection our Aboriginal and Torres Strait Islander community has across our region, in partnership with our health service.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Achieved. CGHS has a very connected and engaged Koori Liaison Officer who actively supports effective discharge and referral connections with other Aboriginal and Torres Strait Islander health services across our region.

MOVING FROM COMPETITION TO COLLABORATION

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

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	Ongoing. The Gippsland Local Health Service Network has made substantial progress in delivering against its four priority areas, with the majority of key milestones achieved and remaining initiatives progressing as planned. Performance against the Outcomes Framework indicates that all Year 1 measures have been achieved or remain on track within agreed timeframes. Significant achievements include the successful establishment of the Network and the development of the Gippsland Local Health Service Network Strategic Plan and Workforce Plan 2026–2028, which will guide coordinated regional action in the years ahead.

Statement of Priorities

Part B: Performance Priorities

HIGH QUALITY AND SAFE CARE

KEY PERFORMANCE MEASURE	TARGET	RESULT
Infection Prevention and Control		
Percentage of healthcare workers immunised for influenza	94%	98%
Continuing Care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	1.135
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 days from notification of the event	All RCA reports submitted within 30 business days	Achieved
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Achieved
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	93.9%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	0%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	3%

STRONG GOVERNANCE, LEADERSHIP AND CULTURE

KEY PERFORMANCE MEASURE	TARGET	RESULT
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions*	80%	72%

TIMELY ACCESS TO CARE

KEY PERFORMANCE MEASURE	TARGET	RESULT
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes**	Sale: 6% improvement from the same time last year	80%
Number of emergency patients with a length of stay (LOS) in the ED greater than 24 hours	Zero	8
Average Emergency Department length of stay (LOS) for admitted patients, in minutes	Avg LOS < 414 minutes or, if not met, a 5% improvement from last year	485
Average Emergency Department length of stay (LOS) for non-admitted patients, in minutes	Avg LOS < 240 minutes or, if not met, a 3% improvement from the same time last year	208
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe***	95%	100%
Home Based Care		
Percentage of admitted bed days delivered at home	6.9%	5.2%

EFFECTIVE FINANCIAL MANAGEMENT

KEY PERFORMANCE MEASURE	TARGET	RESULT
Finance		
Operating result ($m)	0.00	(1.92)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.79
Variance between forecast and actual operating result as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Not achieved

All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

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

***Differential targets have been set for health services to encourage and recognise incremental improvement towards the overall statewide target. The overall statewide target remains 80% or a 3% improvement from the same time last year with progress expected towards 90%.*

****30 days for urgent patients, 365 days for routine patients.*

Statement of Priorities

Part C: Activity and Funding

FUNDING TYPE	2025/26 ACTIVITY ACHIEVEMENT
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	11,803
Acute Admitted	
Acute admitted DVA	91
Acute admitted TAC	19
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute - DVA	22
Aged Care	
Residential Aged Care	23,211
HACC	8,277
FUNDING TYPE	**2025/26 ACTIVITY ACHIEVEMENT**
Mental Health and Drug Services	
Drug Services	357
Primary Health	
Community Health / Primary Care Programs	16,435

The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.

Disclosure Index

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

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Management and structure		
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Financial and other Information		
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FRD 24	Environmental data reporting	48-53
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Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	61
SD 5.2.3	Declaration in Report of Operations	11
	Attestation on Data Integrity	59
	Attestation on managing Conflicts of Interest	59
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	Compliance with HealthShare Victoria (HSV) Purchasing Policies	60
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025/26	62-72
	Occupational violence reporting	25
	Reporting obligations under the *Safe Patient Care Act 2015*	46
	Reporting of compliance regarding Car Parking Fees (if applicable)	N/A

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(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.

(b) Refer to the Model financial statements section (Part two) for further details.

CENTRAL GIPPSLAND HEALTH

Financial Report

2025/26

Central Gippsland Health Service

Financial Report

How this Report is structured

Central Gippsland Health Service presents its audited Tier 2 general-purpose financial statements for the financial year ended 30 June 2026 in the following structure to provide users with the information about Central Gippsland Health Service's stewardship of the resources entrusted to it.

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Central Gippsland Health Service

Financial Report

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Central Gippsland Health Service

For the Financial Year Ended 30 June 2026

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

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Central Gippsland Health Service at 30 June 2026.

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

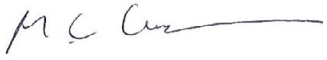
We authorise the attached financial statements for issue on 23rd September 2026.

Board Member



Arthur Skipitaris
Board Chair
Sale, Victoria
23rd September 2026

Accountable Officer



Michele Gardner
Chief Executive Officer
Sale, Victoria
23rd September 2026

Chief Finance & Accounting Officer



Emma Brennan
Chief Finance & Accounting Officer
Sale, Victoria
23rd September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Central Gippsland Health Service

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
29 September 2026

Central Gippsland Health Service

COMPREHENSIVE OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	*2.1 (a)*	124,999	119,665
Government Grants	*2.1 (b)*	28,645	20,606
Other sources of income	*2.1 (c)*	13,068	13,612
Total revenue and income from transactions		166,712	153,883
Expenses from transactions			
Employee expenses	*3.1(a)*	(103,837)	(100,209)
Supplies and consumables	*3.1 (c)*	(31,170)	(28,866)
Depreciation and amortisation	*4.1 (a), 4.2*	(10,429)	(11,751)
Other operating expenses	*3.1 (d)*	(23,181)	(22,754)
Total Expenses from transactions		(168,617)	(163,580)
Net result from transactions - net operating balance		(1,905)	(9,697)
Other economic flows included in net result			
Net gain on sale of non-financial assets		40	1
Net (loss) on financial instruments		(27)	(83)
Other gain/(loss) from other economic flows		4,570	(788)
Total other economic flows included in net result		4,583	(870)
Net result		2,679	(10,567)

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

Central Gippsland Health Service

BALANCE SHEET AS AT 30 JUNE 2026

	Note	2026 $'000	2025 $'000
ASSETS			
Financial assets			
Cash and cash equivalents	*6.1*	26,929	16,346
Receivables	*5.1*	7,346	2,438
Contract Assets	*5.2*	885	2,135
Total financial assets		35,161	20,919
Non-financial assets			
Prepayments		628	797
Inventories		408	347
Property, Plant and Equipment	*4.1 (a)*	81,479	80,870
Total non-financial assets		82,515	82,015
Total assets		117,676	102,934
LIABILITIES			
Liabilities			
Payables	*5.3*	18,668	9,035
Contract Liabilities	*5.4*	1,939	473
Borrowings		2,126	2,640
Employee Benefits	*3.1 (b)*	24,865	24,304
Monies held in trust	*5.5*	6,855	5,937
Total liabilities		54,452	42,388
Net assets		63,224	60,545
Equity			
Reserves		98,640	98,640
Contributed Capital		37,148	37,148
Accumulated Deficits		(72,564)	(75,243)
TOTAL EQUITY		63,224	60,545

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

Central Gippsland Health Service

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2026

	Note	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributed Capital	Accumulated Deficits	Total
		$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024		**97,440**	**1,200**	**37,148**	**(64,676)**	**71,112**
Net result for the year		-	-	-	(10,567)	(10,567)
Balance at 30 June 2025		**97,440**	**1,200**	**37,148**	**(75,243)**	**60,545**
Net result for the year		-	-	-	2,679	2,679
Balance at 30 June 2026		**97,440**	**1,200**	**37,148**	**(72,564)**	**63,224**

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

Central Gippsland Health Service

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 $'000	2025 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Government Grants (State) - Operating		101,121	87,763
Government Grants (Commonwealth) - Operating		29,882	28,683
Grants - Other Agency		1,622	1,803
Government Grants (State) - Capital		3,080	1,241
Government Grants (Commonwealth) - Capital		1,313	931
Patient and Resident Fees Received		6,897	6,709
Private Fees Received		5,956	5,685
Donations and Bequests Received		349	442
GST Received from ATO		49	354
Interest and investment income received		980	1,068
Other Receipts		12,665	17,133
Total receipts		**163,914**	**151,812**
Employee Expenses Paid		(92,325)	(90,607)
Fee for Service Medical Officers		(9,705)	(8,656)
Payments for Supplies and Consumables		(26,383)	(25,278)
Payments for medical indemnity insurance	*3.1*	(2,348)	(1,893)
Payments for repairs and maintenance		(2,662)	(2,304)
Other Payments		(18,513)	(21,211)
Total payments		**(151,936)**	**(149,949)**
NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES		11,978	1,863
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of non-financial assets		(2,798)	(5,440)
Proceeds from sale of non-financial assets		43	678
Capital Donations and Bequests Received		961	1,507
NET CASH FLOW USED IN INVESTING ACTIVITIES		(1,795)	(3,255)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of lease principal		(517)	(394)
Receipt of accommodation deposits		2,798	2,348
Repayment of accommodation deposits		(1,880)	(3,291)
NET CASH FLOW FROM/(USED IN) FINANCING ACTIVITIES		401	(1,337)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		10,584	(2,729)
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		16,345	19,074
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	*6.1*	26,929	16,345

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

Notes to the Financial Statements

Structure

1.1 Basis of preparation
1.2 Australian Accounting Standards issued but not yet effective
1.3 Material accounting estimates and judgements
1.4 Reporting entity
1.5 Economic dependency

Note 1 About this Report

These financial statements represent the financial statements of Central Gippsland Health Service for the year ended 30 June 2026.

Central Gippsland Health Service is a not-for-profit entity established as a public agency on 1 November 1999 under the Health Services Act 1988 (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

Central Gippsland Health Service is classified as a Tier 2 entity under FRD 101. These financial statements are General Purpose Financial Statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. The Service applied Tier 2 reporting in the prior year and continues to apply the same basis in the current year. Accordingly, comparative figures have been consistently presented on a Tier 2 basis.

These general purpose financial statements have been prepared in accordance with the 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 Central Gippsland Health Service.

The financial statements have been prepared on a going concern basis (refer to Note 1.5 Economic Dependency).

The financial statements are 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 Central Gippsland Health Service on 23 September 2026.

Note 1.2 Australian Accounting Standards issued but not yet effective

Certain new and amended Australian Accounting Standards and Interpretations have been issued but are not yet effective for the year ended 30 June 2026. Central Gippsland Health Service has assessed these pronouncements and does not expect any of them to have a material impact on its financial statements when adopted:

- AASB 17 Insurance Contracts — effective for reporting periods beginning on or after 1 July 2026

- AASB 2022-9 Amendments to Australian Accounting Standards — Insurance Contracts in the Public Sector — effective for reporting periods beginning on or after 1 July 2026

- AASB 2014-10 Amendments to Australian Accounting Standards — Sale or Contribution of Assets between an Investor and its Associate or Joint Venture — effective for reporting periods beginning on or after 1 January 2028

- AASB 18 Presentation and Disclosure in Financial Statements — effective for reporting periods beginning on or after 1 January 2028

Note 1.3 Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

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

Note 1.4 Reporting Entity

The financial statements include all the controlled activities of the Central Gippsland Health Service. Refer to Note 8.6 for further details of controlled entities.

Central Gippsland Health Service's principal address is:

155 Guthridge Parade
Sale Victoria 3850

Note 1.5 Economic dependency

Central Gippsland Health Service is a public health service governed and managed in accordance with the Health Services Act 1988 and its results form part of the Victorian General Government consolidated financial position. Central Gippsland Health Service 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 Central Gippsland Health Services operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Central Gippsland Health Service's overall objective is to deliver programs and services that support and enhance the wellbeing of all Victorians. Central Gippsland Health Service is predominantly funded by grant funding for the provision of outputs. The hospital also receives income from the supply of services.

Significant judgement – Grants revenue
Central Gippsland Health Service has made the judgement that amounts received in relation to its core health activity-based funding programs are recognised under AASB 15 where the funding is enforceable and contains sufficiently specific performance obligations. Other grants are recognised under AASB 1058 where these criteria are not met. Each funding agreement is assessed separately, so components of the same grant program may be recognised under either standard. Details of how revenue from contracts with customers is recognised are provided below under the heading **How we recognise revenue from contracts with customers**.

2.1 Revenue and Income from transactions

Note 2.1 Revenue and Income from Transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1 (a)	124,999	119,665
Government Grants	2.1 (b)	28,645	20,606
Other sources of income	2.1 (c)	13,068	13,612
Total revenue and income from transactions		166,712	153,883

Note 2.1 (a) Revenue contracts with customers	Note	2026 $'000	2025 $'000
Government Grants (State) - Operating		77,941	73,277
Government Grants (Commonwealth) - Operating		28,123	28,173
Patient and Resident Fees		7,046	6,772
Commercial Activities		11,889	11,443
Total revenue from contracts with customers		124,999	119,665

How we recognise revenue from contracts with customers

Significant judgement - Government operating 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 Central Gippsland Health Service's goods or services. Central Gippsland Health Services funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

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

Note 2.1 (a) Revenue contracts with customers continued

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Pharmaceutical Benefits Scheme (PBS).	PBS funding is provided by the Commonwealth Government to subsidise eligible medicines supplied to patients. The performance obligation is the dispensing and supply of each eligible PBS medicine to a patient in accordance with PBS requirements. The performance obligation is satisfied at a point in time when the medicine is dispensed and control passes to the patient. Revenue is recognised at that time based on the Commonwealth subsidy amount to which Central Gippsland Health Service expects to be entitled.
Commonwealth Residential Aged Care funding paid as Subsidies and Supplements	Subsidies and supplements are paid by the Commonwealth Government for the care of, and accommodation for our aged care residents. The performance measures relate to the care need of each resident, the location of the facility, or the occupancy of the facility. Revenue is recognised at a point in time, this is at the end of each occupied bed day.
Commonwealth Support at Home paid as Home Care Package client funding	Subsidies and supplements are paid by the Commonwealth Government for the supply of goods and services for our Home Care Package clients. The performance measures relate to the care level of each client, as determined by the Commonwealth government. Revenue is recognised at a point in time, this is after the expense has been incurred.

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

Note 2.1(b) Government Grants	**Note**	**2026 $'000**	**2025 $'000**
Government Grants (State) - Operating		15,956	17,875
Grants (Other Agency) - Operating		558	559
Government Grants (State) - Capital		10,818	1,241
Government Grants (Commonwealth) - Capital		1,313	931
		28,645	20,606

Note 2.1(c) Other sources of income	**Note**	**2026 $'000**	**2025 $'000**
Cash Donations		964	1,508
Resources received free of charge or for nominal consideration		8	311
Other Revenue from Operating Activities		2,575	2,416
Management Fees		3,137	4,000
Gippsland Health Alliance revenue		3,695	3,032
Salary Recoveries		1,709	1,277
Interest Received		980	1,068
Total other sources of income		13,068	13,612

How we recognise other sources of income

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

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

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

Central Gippsland Health Services disaggregates revenue by the timing of the revenue recognition

Goods and Services transferred to customers:	**2026 $'000**	**2025 $'000**
At a point in time	113,110	108,222
Over time	11,889	11,443
Total revenue from contracts with customers	124,999	119,665

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1 (a)	103,837	100,209
Supplies and consumables	3.1 (c)	31,170	28,866
Other operating expenses	3.1 (d)	23,181	22,754
Total expenses incurred in the delivery of services		**158,188**	**151,829**

Note 3.1 (a) Employee expenses

	2026 $'000	2025 $'000
Salaries and Wages	84,845	82,949
Superannuation expense [(1)]	9,288	8,604
Agency Expenses	6,630	5,996
Fee for service medical officer expenses	3,074	2,660
Total employee expenses	**103,837**	**100,209**

(1) Defined contribution superannuation expense and defined benefit superannuation expense have been combined.

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. Central Gippsland Health Service does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead Central Gippsland Health Service accounts for contributions to these plans as if they were defined contribution plans.

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

Note 3.1 (b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	162	163
Annual leave	9,599	8,936
Long service leave	10,604	11,114
Provision for on-costs	2,918	2,545
Total current provisions for employee benefits	**23,283**	**22,758**
Non-current provisions for employee benefits		
Long service leave	1,381	1,405
Provision for on-costs	201	141
Total non-current provisions for employee benefits	**1,582**	**1,546**
Total provisions for employee benefits	**24,865**	**24,304**

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 Central Gippsland Health Service does not have an unconditional right to defer settlement of these liabilities.

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

- nominal value - if Central Gippsland Health Service expects to wholly settle within 12 months or
- present value – if Central Gippsland Health Service does not expect to wholly settle within 12 months.

Long Service Leave

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

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

The components of this current LSL liability are measure at:

- nominal value - if Central Gippsland Health Service expects to wholly settle within 12 months; or
- present value - if Central Gippsland Health Service does not expect to wholly settle within 12 months.

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

Provisions

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

Note 3.1(c) Supplies and consumables	**2026 $'000**	**2025 $'000**
Drug Supplies	8,270	8,397
Medical and Surgical Supplies (including Prostheses)	7,574	7,487
Diagnostic and Radiology Supplies	1,983	1,606
Other Supplies and Consumables	13,343	11,376
Total Supplies and Consumables	**31,170**	**28,866**

How we recognise Supplies and consumables

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

Note 3.1(d) Other operating expenses	**2026 $'000**	**2025 $'000**
Finance Costs	130	134
Fuel, Light, Power and Water	1,677	1,626
Repairs and Maintenance	1,135	904
Maintenance Contracts	1,527	1,398
Medical Indemnity Insurance	2,347	1,893
Other Expenses	3,512	2,956
Management Fees expense	2,152	3,192
Gippsland Health Alliance expense	3,211	2,876
Gippsland Health Alliance contribution	1,877	1,849
Low Value Asset expense (below threshold)	667	1,188
Activity funding for Heyfield Hospital Inc.	1,230	977
Partner Health Service and Aged Care Facility expense	268	683
Recruitment expense	544	507
Staff Training and Continuing Medical Education expense	332	442
Workcover	2,513	1,787
Internal audit expense	59	342
Total Other Operating Expenses	**23,181**	**22,754**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

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

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

Note 4 Key assets to support service delivery

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

Significant judgement – Fair value measurement

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

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	4,476	4,476	-	-	4,476	4,476
Land at fair value - Freehold	400	400	-	-	400	400
Buildings at fair value	71,903	68,411	(16,930)	(8,895)	54,973	59,516
Works in progress at cost	9,798	3,956	-	-	9,798	3,956
Plant, equipment and vehicles at fair value	30,723	29,216	(21,234)	(19,852)	9,489	9,364
Right-of-Use plant, equipment and vehicles at cost	8,714	8,606	(6,371)	(5,448)	2,343	3,158
Total property, plant and equipment	**126,014**	**115,065**	**(44,535)**	**(34,195)**	**81,479**	**80,870**

How we recognise property, plant and equipment

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

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**4,876**	**59,516**	**3,956**	**12,522**	**80,870**
Additions	-	-	10,268	769	11,037
Net transfers between classes	-	3,491	(4,426)	935	-
Depreciation	-	(8,035)	-	(2,394)	(10,429)
Balance at 30 June 2026	**4,876**	**54,973**	**9,798**	**11,832**	**81,479**

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, Central Gippsland Health Service has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and has therefore not applied the amendments to AASB 13 Fair Value Measurement. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Central Gippsland Health Service's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Plant, equipment and vehicles at cost	8,714	8,606	(6,371)	(5,448)	2,343	3,158
Total right-of-use assets	**8,714**	**8,606**	**(6,371)**	**(5,448)**	**2,343**	**3,158**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025 [1]	**3,158**	**3,158**
Additions	117	117
Depreciation	(924)	(924)
Balance at 30 June 2026	**2,351**	**2,351**

(1) As a result of a change in FRD 104 Lease effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value.

How we recognise right-of-use assets

Initial recognition

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

Unless the lease is considered a short-term lease or a lease of a low-value asset 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 cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Central Gippsland Health Service, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 Fair Value Measurement, with the consequence that AASB 136 Impairment of Assets does not apply to such assets that are regularly revalued.
Central Gippsland Health Service has assessed all right-of-use assets for impairment, and no indicators of impairment are identified as at 30 June 2026

Note 4.2 Depreciation 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.

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

Note 5 Other assets and liabilities

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

Structure
5.1 Receivables
5.2 Contract assets
5.3 Payables
5.4 Contract Liabilities
5.5 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter-hospital debtors		572	590
Trade receivables		2,117	1,065
Patient fees		419	218
Allowance for impairment losses		(127)	(101)
Accrued Revenue		315	289
Other receivable		49	23
Total contractual receivables		**3,345**	**2,084**
Statutory			
GST Receivable		306	354
Total statutory receivables		**306**	**354**
Total Current Receivables		**3,651**	**2,438**
Non Current			
Long Service Leave - Department of Health		3,695	-
Total Non-Current Receivables		3,695	-
Total Receivables		**7,346**	**2,438**
(i) Financial assets classified as receivables			
Total receivables		7,346	2,438
GST receivable		(306)	(354)
Total financial assets classified as receivables		**7,040**	**2,084**

How we recognise receivables

Receivables consists 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. Central Gippsland Health Service holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less any impairment.

- Statutory receivables, 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. Central Gippsland Health Service applies AASB9 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

Current	Note	2026 $'000	2025 $'000
Contract Assets - State Government		111	977
Contract Assets - Commonwealth		276	741
Contract assets - Other		498	417
Total current contract assets		**885**	**2,135**

How we recognise contract assets

Contract assets relate to the Central Gippsland Health Service'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 Payables

Current payables	Note	2026 $'000	2025 $'000
Contractual			
Trade Creditors		3,073	2,546
Accrued Salaries and Wages		3,122	1,996
Accrued Expenses		4,404	3,751
Amount Payable to government agencies		7,526	-
Other		543	742
Total Contractual Payable		**18,668**	**9,035**
(i) Financial liabilities classified as payables			
Total Payables		18,668	9,035
Deferred grant income		-	-
Total financial liabilities classified as payables		18,668	9,035

How we recognise payables

Payables consist of:

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

- Statutory payables including Goods and Services Tax (GST) payable. Statutory payables 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 Nett 60 days.

Note 5.4 Contract liabilities

	Note	2026 $'000	2025 $'000
Current			
Contract liabilities - State		139	-
Contract Liabilities - Commonwealth		1,800	473
Total current contract liabilities		1,939	473

How we recognised contract liabilities

Contract liabilities include consideration received in advance from customers in respect of services to be provided in future reporting periods. Revenue is recognised when the related performance obligations are satisfied.

The balance of contract liabilities was higher than the previous reporting period due to Commonwealth funding received in advance of delivering services, with the related performance obligations expected to be completed by 30 June 2027, as well as the timing of revenue recognition during the year.

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

Note 5.5 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable Accommodation Deposits		6,855	5,937
Total current monies held in trust		**6,855**	**5,937**
Total Other Liabilities		**6,855**	**5,937**
*** Represented by:**			
Cash Assets	6.1	6,855	5,937
		6,855	**5,937**

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 Central Gippsland Health Service upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the Aged Care Act 1997 (Aged Care Act 2024 from 1 Nov 2025).

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and Cash equivalents

	Note	2026 $'000	2025 $'000
Cash on Hand (excluding monies held in trust)		35	35
Cash at Bank (excluding monies held in trust)		20,039	10,374
Total cash held for operations		**20,074**	**10,409**
Cash at Bank (monies held in trust)	5.5	6,855	5,937
Total cash held as monies in trust		**6,855**	**5,937**
Total cash and cash equivalents		**26,929**	**16,346**

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

7.1 Financial instruments
7.2 Contingent Assets and Contingent Liabilities
7.3 Fair value determination

Note 7.1: Financial Instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Central Gippsland Health Service's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

		Carrying amount	Net gain/(loss)	Total interest income/ (expense)
30 June 2026	**Note**	**$'000**	**$'000**	**$'000**
Financial assets at amortised cost				
Cash and cash equivalents	6.1	26,929	-	980
Receivables	5.1	8,231	-	-
Total financial assets [(i)]		**35,160**	**-**	**980**
Financial liabilities at amortised cost				
Payables	5.3	18,668	-	-
Borrowings		2,126	(27)	(130)
Other financial liabilities - Refundable Accommodation Deposits	5.5	6,855	-	-
Total financial liabilities [(i)]		**27,649**	**(27)**	**(130)**

Note 7.1 : Financial Instruments continued

30 June 2025	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	16,346	-	1,068
Receivables[ii]	5.1	4,573	-	-
Total financial assets [i]		**20,919**	**-**	**1,068**
Financial liabilities at amortised cost				
Payables	5.3	9,035	-	-
Borrowings		2,640	(83)	(134)
Other financial liabilities - Refundable Accommodation Deposits	5.5	5,937	-	-
Total financial liabilities [i]		**17,612**	**(83)**	**(134)**

i The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Central Gippsland Health Service solely to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

Central Gippsland Health Service recognises the following assets in this category:

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

Note 7.1 : Financial Instruments continued

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.

Central Gippsland Health Service recognises the following assets in this category:

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

Derecognition of financial assets

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

• the rights to receive cash flows from the asset have expired; or

• Central Gippsland Health Service retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or

• Central Gippsland Health Service has transferred its rights to receive cash flows from the asset and either:

- has transferred substantially all the risks and rewards of the asset; or

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to be reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when Central Gippsland Health Service's business model for managing its financial assets has changes such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

Central Gippsland Health Service is party to a number of legal claims that are currently being assessed. While the ultimate outcome of these matters remains uncertain, any financial exposure to the Health Service is expected to be limited to applicable insurance excesses. Accordingly, no material liability is expected to arise beyond amounts covered under the Health Service's insurance arrangements.

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

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.

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

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

Fair value determination: non-financial physical assets

AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 Fair Value Measurement by adding Appendix F Australian Implementation Guidance for Not-for-Profit Public Sector Entities. Appendix F explains and illustrates the application of the 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 Central Gippsland Health Service's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2026 using VGV indices does not identify material changes in value. In accordance with FRD 103, Central Gippsland Health Service will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

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

<u>Non-specialised land, non-specialised buildings and investment properties</u>

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

Note 7.3 Fair value determination continued

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

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

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

For Central Gippsland Health Service, 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. Central Gippsland Health Service acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in Central Gippsland Health Services 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	Valuation technique	Significant assumption	Range (weighted average)(i)
Specialised land	Market approach	Community Service Obligations (CSO) adjustment	20 - 30% (ii)
Specialised buildings	Current replacement cost approach	Cost per square metre Useful Life	$1,000 - $6,000/m2 ($1,600) 30 - 60 years (50 years)
Vehicles	Current replacement cost approach	Cost per unit Useful Life	$18,000 - $122,000 ($30,000 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit Useful Life	$1,000 - $50,000 ($3,500 per unit) 5 - 10 years (7 years)

(i) Illustrations on the valuation techniques and significant assumptions and unobservable inputs are indicative and should not be directly used without consultation with the health services independent valuer

(ii) CSO adjustments ranging from 20% to 30% were applied to reduce the market approach value for Central Gippsland Health Service's specialised land, with the weighted average 30% reduction applied

Note 8 Other disclosures

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

Structure

8.1 Responsible persons disclosure
8.2 Remuneration of Executives
8.3 Related parties
8.4 Remuneration of Auditors
8.5 Events occurring after the Balance Sheet Date
8.6 Joint arrangements

8.1 Responsible persons disclosure

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	01-Jul-25	-	14-Apr-26
Minister for Ambulance Services	01-Jul-25	-	14-Apr-26
The Honourable Ingrid Stitt MP:			
Minister for Mental Health	01-Jul-25	-	30-Jun-26
Minister for Ageing	01-Jul-25	-	30-Jun-26
The Honourable Lizzy Blandthorn MP:			
Minister for Children	01-Jul-25	-	30-Jun-26
Minister for Disability	01-Jul-25	-	30-Jun-26
The Honourable Harriet Shing MP:			
Minister for Health	15-Apr-26	-	30-Jun-26
Minister for Ambulance Services	15-Apr-26	-	30-Jun-26
The Honourable Melissa Horne MP:			
Minister for Health Infrastructure	01-Jul-25	-	30-Jun-26
Governing Boards			
Arthur Skipitaris (Chairperson)	01-Jul-25	-	30-Jun-26
Lauren Carey (Vice Chairperson)	01-Jul-25	-	30-Jun-26
Jenny Dempster	01-Jul-25	-	30-Jun-26
Rochelle Wrigglesworth	01-Jul-25	-	30-Jun-26
Peter 'Gerry' Watts	01-Jul-25	-	30-Jun-26
Claire Miller	01-Jul-25	-	30-Jun-26
Adam Koster	01-Jul-25	-	30-Jun-26
Luis Prado	01-Jul-25	-	30-Jun-26
Trevor Goldstone	01-Jul-25	-	30-Jun-26
Accountable Officer			
Mr Mark Dykgraaf (Chief Executive Officer) (resigned 5 September 2025)	01-Jul-25	-	05-Sep-25
Ms Amanda Pusmucans (Interim Chief Executive Officer)	06-Sep-25	-	25-Jan-26
Ms Michele Gardner (Chief Executive Officer)	26-Jan-26	-	30-Jun-26

8.1 Responsible persons disclosure continued

Remuneration of Responsible Persons

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

Income band			**2026**	**2025**
			No.	**No.**
$10,000	-	$19,999	8	8
$20,000	-	$29,999	1	1
$110,000	-	$119,999	2	-
$130,000	-	$139,999	1	-
$340,000	-	$349,999	-	1
Total Numbers			**12**	**10**

	2026	**2025**
	$'000	**$'000**
Total remuneration received or due and receivable by Responsible Persons from reporting entity amounted to:	**471**	**526**

Amounts relating to the Governing Board Members and Accountable Officer of Central Gippsland Health Service's controlled entities are disclosed in their own financial statements.

Amounts relating to Responsible Ministers are reported within the States Annual Financial Report.

Note 8.2: Remuneration of Executives

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

Remuneration 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 or resigned in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

	Total Remuneration	
	2026	**2025**
Remuneration of executive officers (including Key Management Personnel disclosed in Note 8.3)	**$'000**	**$'000**
Total remuneration [(i)]	1,813	1,737
Total number of executives	9	8
Total annualised employee equivalent [(ii)]	8.8	8

(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Central Gippsland Health Service under AASB 124 Related Party Disclosures and are also reported within Note 8.3 Related Parties.

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

Note 8.3 Related parties

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

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

Note 8.3 Related parties continued

Significant transactions with Government Related Entities

Central Gippsland Health Service received funding from the government related entities of $95.6m (2025: $91 m) and indirect contributions of $4.9m (2025: $0.3 m) and Capital Contributions Paid on behalf of Hospitals of $8.1m (2025: Nil). Balances owing to the Department of Health as at 30 June 2026 are $7.5m (2025: Nil).

Expenses incurred by the Central Gippsland Health Service in delivering services and outputs 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 a Victorian Managed Insurance Authority.

The Standing Directions of the minister of finance require Central Gippsland Health Service to hold cash (in excess of working capital) in accordance with the State'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

KMP's are those people with the authority and responsibility for planning, directing and controlling the activities of Central Gippsland Health Service and its controlled entities, directly or indirectly.

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

KMPs	Position Title
Mr Arthur Skipitaris	Chair of the Board
Ms Lauren Carey	Vice Chair of the Board
Ms Claire Miller	Board Member
Ms Jenny Dempster	Board Member
Mr Peter 'Gerry' Watts	Board Member
Ms Rochelle Wrigglesworth	Board Member
Mr Adam Koster	Board Member
Mr Luis Prado	Board Member
Mr Trevor Goldstone	Board Member
Mr Mark Dykgraaf (departed 5 September 2025)	Chief Executive Officer (Outgoing)
Ms Amanda Pusmucans (6 September 2025 - 25 January 2026)	Interim Chief Executive Officer
Ms Michele Gardner (commenced 26 January 2026)	Chief Executive Officer (Incoming)
Ms Amanda Pusmucans (1 July - 5 September 2025 and 26 January - 30 June 2026)	Director of Nursing
Dr Tracy McConnell-Henry (6 September 2025 - 25 January 2026)	Acting Director Nursing
Ms Caron Mallet (departed 1 August 2025)	Director of Aged Care (outgoing)
Ms Megan Tyler (commenced 1 July 2025)	Director of Aged Care (incoming)
Ms Pele Reeve	Director of Community and Allied Health (incoming)
Dr Divyanshu Dua	Director Medical Services
Ms Kelli Mitchener	Director Quality & Learning
Ms Kirralee Richardson (commenced 4 May 2026)	Acting Director People & Culture
Mr Robert Strickland (departed 20 May 2026)	Director Corporate Services
Ms Emma Brennan (9 June - 30 June 2026)	Acting Director Corporate Services
Ms Emma Brennan	Chief Financial 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.

Compensation - KMPs	**2026 $'000**	**2025 $'000**
Total compensation - KMPs [(i)]	2,284	2,263

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

Note 8.3 Related parties continued

Transactions with KMPs and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g., stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occurs on terms and conditions consistent with the Public Administration Act 2004 and Codes of Conduct and Standards issued by the Victorian Public Sector Commission. Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Central Gippsland Health Service, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

There were no related party transactions required to be disclosed for the Central Gippsland Health Service Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Except for the transaction listed below, there were no other related party transactions required to be disclosed for the Central Gippsland Health Service Board of Directors in 2026 (2025: none).

Joint Partnership Entities Related Party Transactions

Mark Dykgraaf was a member of the Gippsland Health Alliance Steering Committee. He held this position from 1 July 2025 until his departure on 5 September 2025.
Amanda Pusmucans was a member of the Gippsland Health Alliance Steering Committee. She held this position during her tenure as Interim Chief Executive Officer, from 6 September 2025 to 25 January 2026.
Michele Gardner was a member of the Gippsland Health Alliance Steering Committee. She held this position from 20 January 2026 until 30 June 2026.

The transactions between the two entities relate to payments made by Central Gippsland Health Service to Gippsland Health Alliance for goods and services and the transfer of funds by way of distributions made to the health service. All dealings are in the normal course of business and are on normal commercial terms and conditions.

Note 8.4: Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	43	41
Total remuneration of auditors	**43**	**41**

Note 8.5: Events occurring after balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6: Joint arrangements

Name of Entity	Principal Activity	Ownership Interest (%) 2026	2025
Gippsland Health Alliance	The member entities have committed to the establishment of the Gippsland Health Alliance, with a view to sharing information technology services.	12.57	12.38

Central Gippsland Health Service's interest in the above jointly controlled operations are detailed below. The amounts are included in the combined financial statements under the respective categories:

	2026 $'000 *	2025 $'000 *
Total revenue and income	3,695	3,032
Total expenses	3,211	2,876
Total net result	484	156
Total other economic flows	-	34
Comprehensive result for the year	484	122
Total assets	2,473	2,154
Total liabilities	349	484
Total equity	2,124	1,670

* Figures obtained from audited Gippsland Health Alliance annual report.

Contingent Liabilities and Capital Commitments

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

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