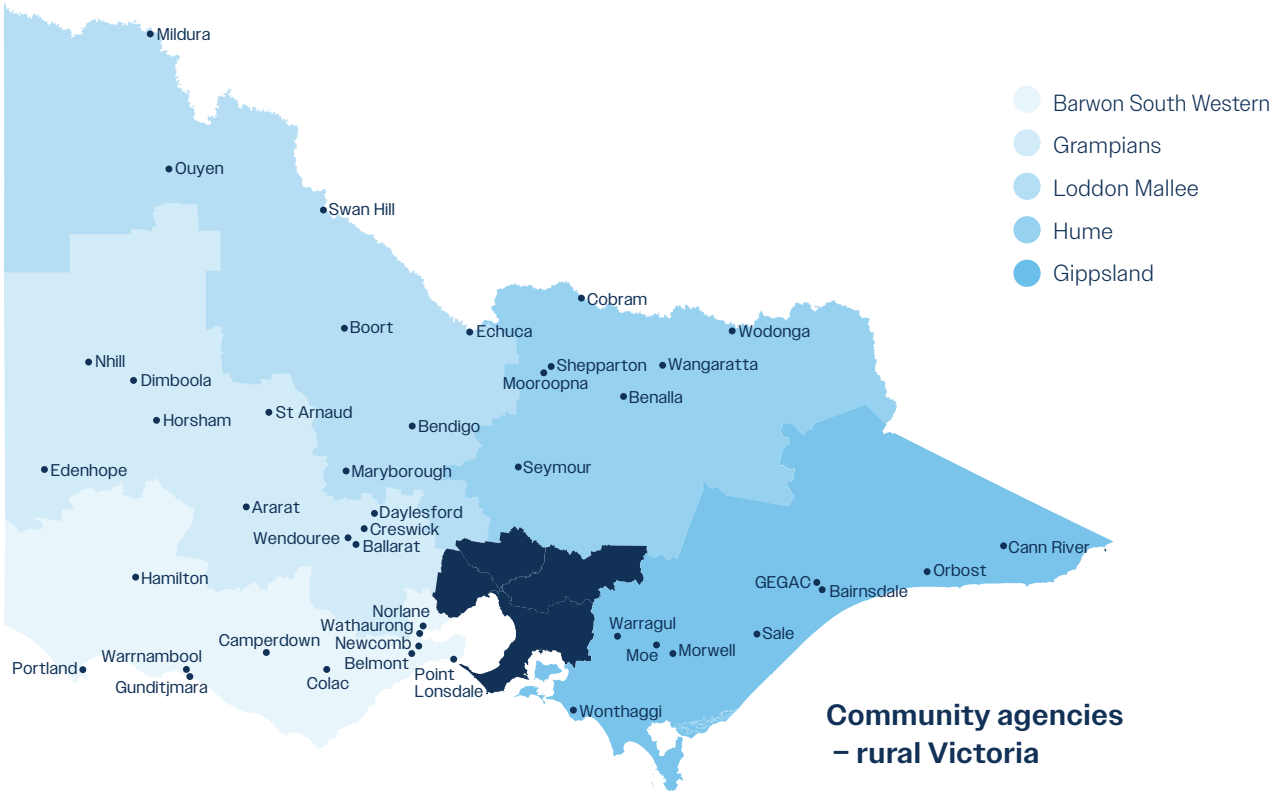
Oral Health Victoria

Oral Health Victoria

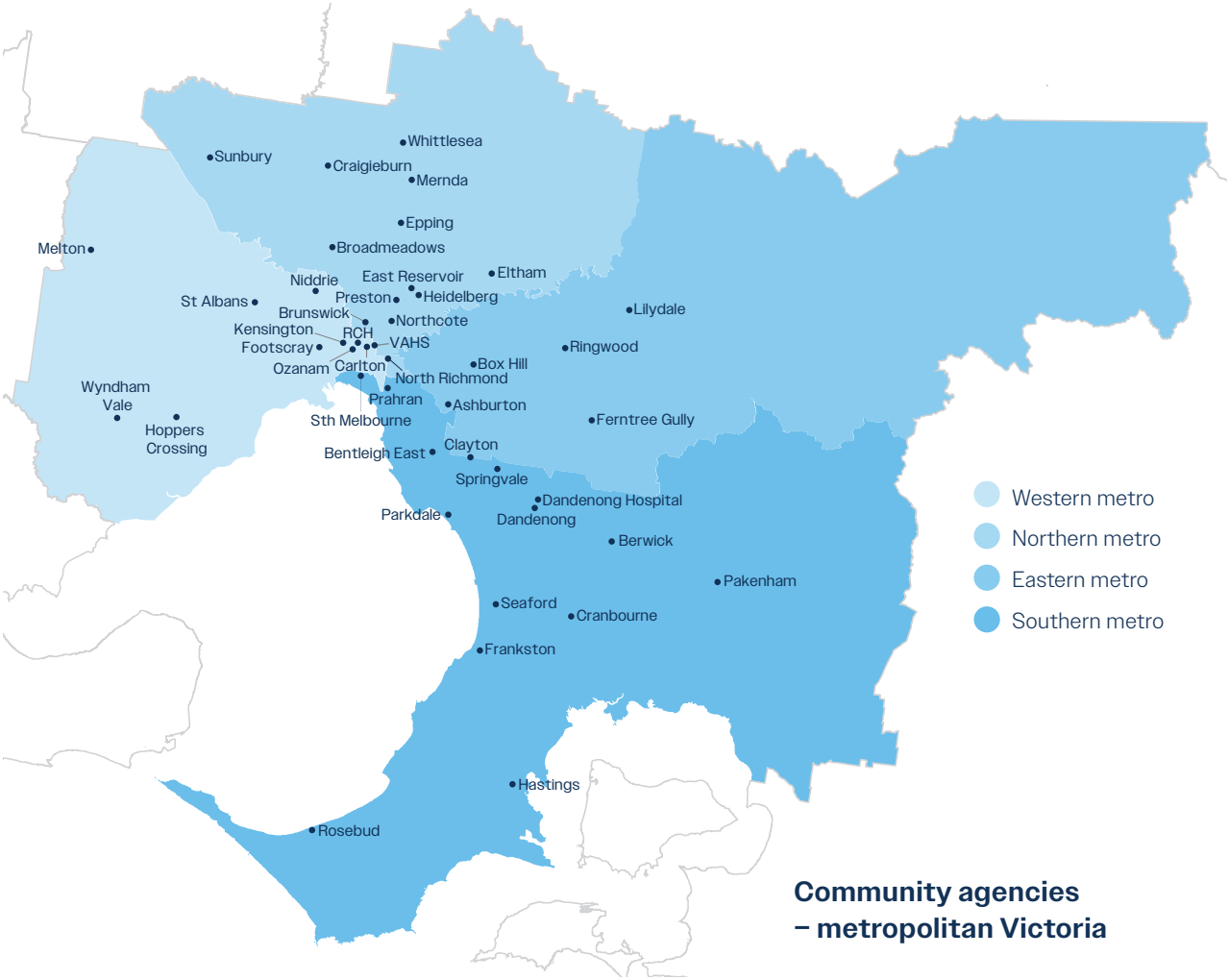
Annual Report

2025-26





Community agencies – rural Victoria



Community agencies – metropolitan Victoria

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

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Oral Health Victoria for the year ending 30 June 2026.



David Stevenson
Chair, Board of Directors
Oral Health Victoria Carlton VIC

27 August 2026

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

Acknowledgement

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

Cover picture: Carmen Zammit
Pictures pages 14 & 16: Jo Howell/Zoos Victoria

General information

Oral Health Victoria (OHV) is the lead public oral health agency in Victoria. We aim to improve the oral health of all Victorians, particularly priority groups and those most in need.

Oral Health Victoria (formerly Dental Health Services Victoria) was established in 1996 and is funded by the Victorian Government to provide and purchase clinical dental services for eligible Victorians; and to improve the planning, integration, coordination, and management of Victoria's public oral health services.

We provide Victorians with quality oral healthcare through the Royal Dental Hospital of Melbourne (RDHM) and by purchasing dental services for clients from 43 community agencies throughout Victoria.

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

Responsible to the Victorian Minister for Health, Oral Health Victoria is a public health service which employs 705 staff who work to an agreed Statement of Priorities. As trusted advisors in public oral health policy, programs, and guideline development, we aim to lead the improvement of oral health across Victoria.

Oral Health Victoria was established under the *Health Services Act 1988*. The Hon Mary-Anne Thomas MP was the responsible Minister for Health during the reporting period (from 1 July 2025 to 15 April 2026). From 15 April 2026 to 30 June 2026, Hon Harriet Shing MP was the responsible Minister for Health.

Oral Health Victoria acknowledges the ongoing support of the Victorian Government.

Our purpose

To deliver the world's best oral and dental healthcare

Our vision

A future where every Victorian is disease and cavity-free

Our values: The OHV Way

We are accountable

We are respectful

We are collaborators

We are innovators

Our strategic pillars

Our strategic pillars are:

Empower: Focus on prevention and early intervention.

Care: Deliver world-class oral and dental healthcare.

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

Where the term 'Aboriginal' is used, it refers to both Aboriginal and Torres Strait Islander peoples.

Indigenous is retained when it is part of the title of a report, program, or quotation.

Highlights





18,605
Aboriginal people were treated statewide



122,620
people received emergency care across the state



Achieved a Patient Reported Experience Measure score of

92%



Smile Squad provided clinical placements for **165** tertiary oral health students



Smiles 4 Miles reached more than

53,000 children



Smile Squad distributed more than

300,000

oral health packs to students



Oral health capacity building for

2,108

non-dental professionals



14,546

refugees and people seeking asylum received treatment statewide

From the Board Chair and CEO



We are pleased to present the Oral Health Victoria Annual Report for 2025–26, an opportunity to reflect on our achievements, share our progress, and highlight the strong work being undertaken in the public oral health sector.

In November 2025, we received the highest recognition at the Victorian Public Healthcare Awards where Oral Health Victoria was named the Premier's Primary Healthcare Service of the Year. This prestigious award is a testament to the dedication, care, and excellence of our passionate staff. Our people are at the heart of everything we do and accepting this award on their behalf was a truly special moment. We sincerely thank every staff member for their invaluable contribution to this achievement and their continued commitment to improving the oral health and wellbeing of Victorians.

We successfully transitioned from Dental Health Services Victoria to Oral Health Victoria – a new name that better reflects who we are and what we do. As we continue to innovate, our commitment to improving the oral health of Victorians remains our driving force.

This year, we celebrated 30 years of public oral health leadership in Victoria. Three decades of improving oral health literacy and providing world-class care. Three decades of leading prevention and population health programs, shaping policy and research, and partnering with communities and organisations across Victoria. And three incredible decades of removing barriers and making oral health care more accessible for those most in need.

Thanks to support from the Department of Health, we completed major upgrades to the Royal Dental Hospital of Melbourne's (RDHM) ground floor. We proudly unveiled our renewed spaces in October 2025 at an opening ceremony attended by the then Minister for Health, Mary-Anne Thomas MP, along with members of our Board of Directors, senior leaders, and guests. Our new spaces are warm, welcoming, and more inclusive, and we are thrilled about the positive impact they are having on our patients, staff, and community.

We never stop looking for better ways to improve oral health and empower people to establish healthy habits – for life. Our programs and initiatives for children and families prioritise education, prevention, and early intervention. Through Smile Squad, we provided 70,833 students with clinical care. We continued to partner with the health, education, early childhood, and community sectors to support families to eat well, drink well, and clean well.

We have a strong track record of improving the health and wellbeing of communities that are most in need. This year we treated more than 18,000 Aboriginal and Torres Strait Islander peoples across the state, representing a 9 per cent increase on the previous year. This reflects our commitment to creating a more culturally appropriate environment for Aboriginal patients founded on respect, diversity, and inclusion.

We expanded access to safe, compassionate care for more Victorians. In partnership with community agencies, we treated almost 350,000 people helping them to lead healthier and happier lives. Within RDHM, we commissioned a fourth operating theatre and renovated our existing theatres – these upgraded spaces have allowed us to treat even more people. Over the last 12 months, we increased the number of patients treated in the day surgery unit by 17 per cent.

Education remains central to our purpose of delivering the world's best oral healthcare. We're building a highly capable workforce by prioritising training opportunities, supporting and coaching early career oral health professionals, and leading quality improvement initiatives.

We are also excited to continue the rollout of our Electronic Oral Health Record initiative. Building on the successful implementation within the Smile Squad program, we're now moving to the next phase, laying the foundation for lasting reform and improving the continuity of care across the state.

We also strengthened collaboration as part of the Parkville Local Health Service Network, working with partner health services to support more coordinated, equitable and consistent care, ensuring patients get the right care, in the right place, at the right time.

We could not have achieved any of this without the guidance and support of the Minister for Health, the Department of Health, the Oral Health Victoria Board and its subcommittees, our incredible staff, our community agencies, university partners, patients, and oral health advocates across health, education, and early childhood.

Thank you to everyone who helped us improve the oral health of Victorians over the past year.



David Stevenson
Board Chair



Susan McKee
Chief Executive Officer



Year in Review: Report of Operations

Smile Squad Free School Dental Program

More Victorian school nurses than ever are now equipped to identify oral health concerns early and promote healthy habits, thanks to Smile Squad's expanded education and training initiatives in 2025.

Smile Squad is the Victorian Government's free school dental program, delivering high-quality oral health care to students in government and eligible low-fee non-government schools. The program supports lifelong healthy habits while saving families time and money by providing care where children already are – at school.

Led by Oral Health Victoria in partnership with community agencies statewide, Smile Squad combines clinical care with prevention and education to help students eat well, drink well and clean well every day. The program is jointly developed by Oral Health Victoria and the Department of Health, in partnership with the Department of Education.

Most Smile Squad appointments take place at school during school hours, making access to care easier for busy families. Students can also visit their local community agency, and those requiring more complex treatment can be referred into specialised care pathways.

A focus on education

Smile Squad continued to strengthen its support for visiting school nurses in 2025, equipping them with the knowledge and tools to promote good oral health and help prevent oral disease in children and young people.

Building on the strong response to the Smile Squad primary school nurse training sessions delivered in 2024, a new training program for secondary school nurses was developed and rolled out in 2025. The training was delivered across 15 Department of Education regions, supporting school nurses to identify common oral health concerns and promote healthy habits among secondary school students. In total, 102 secondary school nurses completed in-person training.

To expand access and reach, Smile Squad introduced online training for newly appointed visiting primary school nurses, making it easier for more nurses across Victoria to benefit from the established program. During 2025, 25 nurses completed the online training, building on the 106 visiting primary school nurses trained through face-to-face sessions in 2024.

Smile Squad also updated the manual, 'The mouth: a guide to oral health in schools', to include content relevant to secondary school students. The revised resource now supports all visiting school nurses in Victorian government schools who may be required to assess or manage oral health issues in children and young people.

More schools. More students. More smiles.

Smile Squad continued to grow its reach and impact across Victoria in 2025, connecting more children with free oral health care, prevention programs and specialist support through their school community. A major milestone was achieved when the Victorian Government announced the program would expand to low-fee non-government schools from 2026, extending access to thousands more students.

Supported by additional investment, the expansion represents the next stage in the evolution of Smile Squad and reflects a broader commitment to preventive public oral health. By extending access beyond the government school sector, the program will help more Victorian children and families benefit from free oral health care delivered through schools.

Supporting prevention, partnerships and innovation

Smile Squad continued to strengthen prevention and education initiatives across schools and communities throughout the year.

Key activities

- Partnered with The University of Melbourne, La Trobe University and Holmesglen Institute/Charles Sturt University to support clinical placements for 222 oral health therapy and dental students.
- Connected with families at Geelong Botanic Gardens' Summer Family Fun Day, spreading the word about Smile Squad and promoting good oral health habits through fun, interactive activities.
- Hosted two interactive 'Smile Squad in specialist schools' workshops, in Melbourne and Bendigo, attracting 41 participants from 19 community agencies. The free workshops focused on providing oral health care for students with a range of additional needs.
- Launched the Smile Squad outreach toolkit to support and encourage agencies to participate in outreach activities in their communities.
- Revised the program's Eat Well, Drink Well, Clean Well brochure to reflect updated oral health messaging.
- Developed and consumer-tested a Smile Squad treatment and procedures glossary to further support families in understanding services provided through the program.



Smile Squad in numbers

2025 highlights

- 562 schools received a Smile Squad visit
- 65,528 students received an oral health examination across 80,121 visits
- 46,068 students received fluoride varnish applications
- 17,663 students received fissure sealants
- 1,391 students were referred for specialist care
- 606 students received specialist treatment
- More than 300,000 oral health packs were distributed
- More than 40 agencies delivered Smile Squad services across Victoria



Royal Dental Hospital of Melbourne

Improving healthcare delivery

Oral Health Victoria is committed to delivering leading, world-class healthcare to empower all Victorians to improve their oral health.

New spaces and a more inclusive RDHM

In October 2025, we unveiled the newly renovated ground floor, designed to improve access and provide new and more inclusive spaces to ensure patients receive the best care in a culturally safe and comfortable environment.

The $7.5 million redevelopment features dedicated Aboriginal liaison and social worker offices, along with a consultation room for families and clinicians to discuss care, ensuring eligible Victorians can access the oral health care they need with the right support.

A remodelled parents' room offers a comfortable space to care for young children, while the addition of a quiet room creates a safe space to wait for patients who need it. A new prayer room means patients who choose to can pray, meditate, and reflect in peace.

A new-look entrance, reception and waiting area were designed to be quieter, more accessible and calmer. Clearer wayfinding signage and improved patient flow better support the delivery of oral health care.

The redevelopment has also delivered important operational improvements. We have established an emergency triage function on the ground floor, which has significantly improved crowd management and reduced congestion on Level 1.

Additionally, our new queue management system (which includes ticket machines across the ground floor, Level 1 and Level 4) streamlines patient flow and enhances the overall patient experience.

This major transformation project was made possible by funding from the Victorian Government. The redevelopment involved close consultation with patients and staff to ensure the design meets a wide range of needs.

Our new spaces enhance the patient experience from the moment they walk through the doors, creating a calm and inclusive environment for consumers, families, and staff.



RDHM Graduate Dentist program

Now in its fourth year, the RDHM Graduate Dentist program supports the development of early-career clinicians through structured clinical exposure and interdisciplinary learning.

Mentorship plays a key role in the program, with senior clinicians guiding the graduates through all aspects of patient care, including complex treatment. Participants begin with an orientation in Primary Care before rotating through specialist areas.

The program offers participants a solid foundation in dentistry and helps them build the skills and experience they need for their careers. Feedback highlights the value of working alongside specialists, gaining experience with complex procedures such as root canals, pulpotomies, and crowns, and receiving the support needed to confidently transition from student to dentist.

Key activities

- The program continues to evolve, with an expanded rotation model designed to strengthen clinical capability and broaden workforce experience.
- The program is piloting a structured rural rotation in collaboration with East Grampians Health Service in Ararat. This initiative provides valuable exposure to regional service delivery and rural models of care, supporting the development of a workforce with a deeper understanding of community needs and rural practice.
- In addition to the rural placement, graduates undertake rotations in Oral and Maxillofacial Surgery at RDHM, as well as within Primary Care, incorporating Paediatric Day Surgery Unit observation sessions and Preventive and Assessment Clinic experience.
- This enhanced program continues to build clinical breadth, strengthen interdisciplinary collaboration, and support rural workforce capability, contributing to the long-term sustainability of public oral health services.
- The program continues to demonstrate strong outcomes, with 75 per cent of participating dentists retained within RDHM and the broader public oral health sector.

Integrated Specialist Care

The Integrated Specialist Care (ISC) department provides a range of dental assessments and treatments for patients with additional needs, paediatric patients and specialties, such as orthodontics, periodontics, oral medicine and oral surgery.

As a teaching hospital, the ISC units work closely with the University of Melbourne's Doctor of Clinical Dentistry specialist training programs. During 2025–26, we improved collaboration by streamlining scheduling, rostering, patient allocation, and case mix. This resulted in improved clinical learning outcomes, enhanced teaching, and greater student satisfaction, all while providing patients with access to the specialist care they require.

The Smile Squad Specialist Care program continued to provide children with care from the Specialist Paediatric Dentistry unit. The program also facilitated access through referrals to other specialist dental services, including Endodontics, ensuring patients receive comprehensive multidisciplinary care when required.

To treat more patients, we have a stand-by program for paediatric patients. In 2025, we expanded this program to include morning theatre patient lists. In the 12 months leading up to December 2025, more than 40 patients received treatment through this initiative. Between January and June 2026, a further 30 patients underwent additional procedures, demonstrating an improvement in timely care.





Telehealth in Oral Maxillofacial Surgery

Our surgical staff identified that some patients experienced barriers to care, particularly older people, people with special needs, people experiencing disadvantage, and people with significant medical comorbidities. Many of the obstacles to care included distance, time, access, and cost. Other issues included:

- patients expecting physical treatment at their initial visit, which is primarily to conduct an oral health consultation
- missed appointments wasting resources and reducing access
- the waiting time between the initial appointment and booking for treatment may be extended, requiring the patient to attend another in-person consultation prior to surgical treatment.

To tackle these issues, our surgical staff implemented telehealth appointments to provide additional support to patients. We continue to embed telehealth where possible and clinically appropriate to support patient attendance, increase access to care, and reduce barriers for patients.

Key activities

- Clinicians use telehealth to assess the suitability of patients for initial consultations.
- Clinical assessment to determine the need for post-procedure reviews.
- Post-procedure reviews scheduled for either in-person or by telehealth, as clinically appropriate.
- Telehealth appointments have improved these clients' access to care and reduced travel time and costs when an in-patient hospital visit is not required. Patient feedback also indicates higher satisfaction.

Creating a positive and comfortable environment for children

RDHM has transformed its paediatric area to create a more welcoming space for children. Young patients are now greeted with vibrant jungles and captivating marine life when they enter the children's area for treatment. The murals were installed to foster a more relaxed atmosphere and support children to feel at ease during their visits to the dentist.

The murals work in tandem with the overhead televisions that were previously installed above the dental chairs in paediatrics. Clinicians have noted that families are receptive to the child-friendly environment, which speeds up the process of building trust and rapport with young patients.



New videos support families visiting RDHM for treatment

Our team created a new series of videos to ease the anxiety many families experience when their child is booked in for treatment at the dental hospital.

Designed for families attending the Specialist Children's Clinic and Day Surgery Unit (DSU), the videos aim to better prepare parents and children for their upcoming appointments and treatment.

Narrated from a parent's or child's perspective, the videos walk families through each step of the visit, helping them understand what to expect before arriving at RDHM. When families feel better informed, they may experience less anxiety and a calmer, more positive experience.

Positive feedback has been received from families, indicating they felt much more prepared and had a thorough understanding of each visit.

The videos are available on the RDHM website, and the links are provided to patients and their parents or carers ahead of their appointments. Translations of these videos are available in Vietnamese, Dari, Burmese, Arabic and Chin Hakha.

Chairside radiology capability

We implemented chairside radiology to support a more patient-centred model of care by enabling imaging at the point of treatment. This change reduces patient movement between clinical areas, improves workflow efficiency, and supports chair utilisation. These improvements have contributed to more timely delivery of care and enhanced overall service quality.

Key activities

- To support the implementation of chairside radiology, we conducted Radiation Safety Q&A sessions in July and August 2025.
- We completed electrical works in August 2025 to provide a stable power supply for accurate imaging, and compliance works which were completed in September 2025. All units became fully operational on 22 September 2025.
- RDHM's program to replace 50 patient chairs across the Dental Teaching Clinic was completed in January 2026. This investment further strengthens our capacity to deliver safe, modern, and efficient clinical care.

Embedding IV sedation in the Day Surgery Unit

Many patients experience anxiety when attending appointments for oral health care, but some patients experience severe fear. To help alleviate this stress, IV sedation can be used as an anaesthetic tool to help patients feel deeply relaxed while still being able to respond to instructions.

Key activities

- IV sedation was piloted at RDHM and is now offered to appropriate patients and for suitable procedures.
- Approximately 10 patients per month are treated under IV sedation in the Day Surgery Unit.
- Patients with comorbidities who previously have been referred to a tertiary hospital for procedures under a general anaesthetic can now be treated under IV sedation at RDHM.
- The treatment has been shown to reduce anaesthetic risk, improve efficiency, and result in faster recovery. Patients have also reported high levels of satisfaction.
- Planning is underway to train more anaesthetists and surgeons to adopt IV sedation as an anaesthetic adjunct to surgical procedures.

Victorian Medical Specialist Training in paediatric anaesthesia

RDHM successfully obtained funding to support a paediatric anaesthesia training program in partnership with another tertiary hospital program. Each year, RDHM treats more than 2,000 children under general anaesthesia. This is a significant paediatric caseload in the shared airway setting, which occurs in surgical cases where the anaesthetist must maintain a patient's airway and ventilation in the mouth at the same time that a surgeon is operating. Shared airways are commonly encountered with several surgical and dental specialties that operate within the mouth, head, and neck.

This paediatric anaesthesia program provides greater experience for clinicians seeking specialist roles in rural or regional areas. It will also create networks across the state to build capacity for paediatric anaesthesia, so that many more children can get care closer to home.



Social work service

Over the past year, RDHM's social work service has responded to 203 referrals across our clinics. This service provides patient-centred care to patients and families who may require support with a range of psychosocial issues during their course of dental treatment.

Key activities

- Established the social work student placement program, in partnership with RMIT University.
- Delivered family violence training to Oral Health Victoria staff and University of Melbourne students.
- Led Oral Health Victoria's annual 16 Days of Activism Against Gender-Based Violence movement, including hosting a panel for staff with guests from the specialist family violence service, InTouch. The panel highlighted the unique barriers people from multicultural communities face when experiencing family violence and explored where patients can access appropriate support.
- We joined partners from the Parkville LHSN to walk together against family violence.



Working in partnership to improve oral health

We collaborated with our partners to improve health equity, promote oral health and prevent oral disease for all Victorians. This included strengthening public policy and systems, using evidence and data to inform our work, creating environments that support good oral health and improving oral health literacy.

Smiles 4 Miles program

Smiles 4 Miles is a settings-based award program delivered by Oral Health Victoria in partnership with community organisations. It aims to improve the oral health of children (0–5 years) and their families in areas at higher risk for oral disease. The program supports early childhood services to create environments that promote good oral health through 3 key messages: eat well, drink well, and clean well.

Smiles 4 Miles aligns with other statewide health promotion initiatives, including Healthy Places Healthy Futures (Cancer Council Victoria) and the Healthy Eating Advisory Service (National Nutrition Foundation).

Key activities

Smiles 4 Miles worked in partnership with 33 community organisations to implement the program locally in 765 early childhood services across 53 local government areas, reaching 53,552 children and their families.

Through Smiles 4 Miles, early childhood services partnered with 20 local community agencies to provide 11,487 children with an oral health screening. As part of these screenings, 38 per cent of children received fluoride varnish applications, and 24 per cent required follow-up care and were referred to their local clinic.

Oral health training was provided to:

- 1,226 early childhood educators.
- 18 health promotion professionals through webinars and online training.

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

- a fully revised Smiles 4 Miles toolkit including a quick links page for learning experience and family engagement examples
- a consumer-tested eligibility tool for professionals to support eligible adults and children to access public oral health services in Victoria.



Healthy Families, Healthy Smiles program

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

During 2025–26, the program delivered professional development to at least 606 professionals, including:

- maternal and child health nurses and early parenting centre practitioners
- supported playgroup facilitators, early childhood educators, and library staff
- midwives who completed the Midwifery Initiated Oral Health Education program via scholarships.

In addition to training, the program continued to provide tools and resources to support professionals in promoting oral health.

Key activities

- Distributed approximately 9,300 toothbrushing packs through Maternal and Child Health services, supported playgroups, and libraries to support oral health promotion with families at-risk or in need. Distribution within Maternal and Child Health services was partially supported by the Colgate Mrs Marsh Oral Health Education Grant.
- Launched the Healthy Little Smiles online hub to improve access to training and resources for early childhood professionals.
- Partnered with 83 public library branches to deliver Healthy Little Smiles at Library Storytime, engaging around 2,000 families
- Developed a new Let's get ready for bed resource to support parents and carers in establishing positive toothbrushing routines.
- Launched the online Little Mouth Manual to support Maternal and Child Health nurses in delivering consistent, evidence-based oral health guidance.
- Updated the Healthy Little Smiles for Supported Playgroups flipchart to strengthen oral health promotion in playgroup settings.

Victorian Oral Cancer Screening and Prevention program

In an average week, 16 Victorians are diagnosed with oral cancer, including cancers of the oral cavity and oropharynx. Oral cancer is often diagnosed late, resulting in ineffective treatment and poor prognosis. The Victorian Oral Cancer Screening and Prevention program is an initiative under the Victorian Cancer Plan, which supports oral health professionals and other health professionals, such as general practitioners (GPs), to play a key role in oral cancer screening, prevention, and early detection.

Since its launch in May 2021, the Oral Cancer Learning Hub training has been completed by more than 1,585 oral health professionals, including 184 during this reporting period.

The CPD-accredited National GP Oral Cancer Learning Module delivered via The Royal Australian College of General Practitioners' website equips GPs with the tools to detect oral cancer earlier. A total of 518 GPs have completed the module since its launch in 2023, including 130 during this reporting period.

Key activities

- Delivered a webinar titled 'Emerging Trends and Determinants of Oral Cancer: Insights from Research and Practice' in collaboration with the OHAA in July 2025 to more than 200 oral health professionals.
- Participated in the Health Festival Geelong in October 2025, sharing oral cancer information and resources. Supported the facilitation of an Oral Cancer Screening and Prevention lecture for clinicians.
- Published a paper titled, 'Improving Health Literacy on Betel Nut and Oral Cancer', in the journal Health Education Research in March 2026. An Honours student project, 'Betel quid cessation in Indonesian, Karen, and other refugee communities in Bendigo', also commenced in collaboration with La Trobe University.
- Launched a consumer-tested quick sheet on oral cancer screening and referral for GPs in April 2026.
- Established a partnership with The University of Melbourne, Royal Melbourne Hospital, and Victorian Cancer Registry (Cancer Council Victoria) for the project 'AI-Assisted Derivation of Registry-Based Tumour Staging for Oral Cancers in Victoria'. The project has commenced and ethics approval was received in April 2026.
- Established a new partnership with St Vincent's Hospital Melbourne in May 2026 and commenced work on a project titled, 'Retrospective study of oral cancer referrals into St Vincent's Hospital: 5-year analysis'. An ethics application has been submitted.

- Partnered with the Australian Centre for Integrated Oral Health, Western Sydney University, and the Australian Primary Healthcare Nurses Association to develop a project supporting capacity building among nurses in oral cancer screening and prevention.
- Revised and pilot tested a 'Vaping and oral health' eLearn module, which was developed in conjunction with The University of Melbourne.



Oral health community outreach

We continued to find new and meaningful ways to engage with families in the community, including our partnership with Zoos Victoria which offered more exciting opportunities to deliver oral health messages and activities to families and children.

Key activities

- In November 2025, we focused on pre-school-aged children at Werribee Zoo where we provided 54 screenings in partnership with IPC Health and distributed 155 oral health packs and oral health education resources.
- In January 2026, the Smile Squad team screened 149 children while the Population Health team engaged approximately 308 children in fun oral health learning activities at Melbourne Zoo.
- During the April 2026 school holidays, Smile Squad visited Melbourne Zoo providing oral health screenings to 199 children, distributing oral health packs and delivering a range of engagement activities to at least 235 children.
- In April 2026, we joined the fun of the Little Food Festival in the school holidays, engaging around 750 young children and their families in conversations about healthy eating through our Make a Food Rainbow craft activity.

Improving oral health for priority populations

We work across the life course and prioritise investment and action towards populations experiencing health inequities. During 2025–26, this included a focus on children aged 0–5 years, people experiencing homelessness, and Aboriginal and Torres Strait Islander peoples.

These projects aim to deliver tailored, streamlined and integrated oral health initiatives to improve the health of Victorians. They are grounded in the principles of population health and value-based health care, putting the consumer and community at their centre.



Early Learning Victoria Oral Health Pilot

Our Population Health team established a partnership with Early Learning Victoria to design and deliver the Early Learning Victoria Oral Health Pilot. The pilot is being implemented in 4 new government-owned early learning centres co-located with schools. These centres have been opened in areas of need for children aged 0–5 years.

Key activities

- Developed and consumer-tested an oral health questionnaire and consent form.
- Delivered a range of health promotion and clinical interventions in 4 early learning centres, including screening 115 children.
- Developed an evaluation plan to assess implementation and impact.
- Commenced work on the development of care pathways and a clinical manual for children aged 0–5 years.

People experiencing homelessness

We are leading a project to improve health outcomes for people experiencing homelessness in Victoria. The project aims to improve the reach, accessibility and effectiveness of health promotion and prevention initiatives.

A co-design approach has brought together people with lived experience of homelessness, health professionals, and homelessness and health service providers.

Key activities

- Facilitated a series of co-design workshops involving 12 consumers with lived experience, 12 service providers (including housing, alcohol and other drugs, and primary care), and 11 oral health professionals, to identify opportunities for more inclusive and accessible pathways into care. Feedback highlighted that engagement is driven by trust and relationships, readiness for care is shaped by competing priorities, and simplified, dignified access pathways are critical. These insights have informed the development of our pilot model that supports both early engagement and supported access into care.
- Undertook direct community engagement through outreach activities at Ozanam House, including attending the Easter Expo in March and Men's Health in June. These activities support relationship-building in familiar settings and contribute to our broader commitment to partnership and oral health equity.

Aboriginal Health Practitioner Fluoride Varnish program

We continued to work with trained Aboriginal Health Practitioners to deliver preventive oral health services to children in culturally safe settings, supporting self-determined prevention. The program was funded by the Department of Health, coordinated by Oral Health Victoria, and delivered in partnership with Aboriginal Community Controlled Organisations and RMIT University.

genU Oral Health Champions program

Our ongoing partnership with genU supported the delivery of the Oral Health Champions program, which included face-to-face induction and training sessions for 17 disability support workers. The training empowered participants to support residents to make healthy choices and improve their oral health.

Of the participants, 100 per cent agreed or strongly agreed that the training met their expectations and was directly relevant to their professional role.



Improving oral health promotion knowledge

We continued to strengthen partnerships with tertiary education providers, offering learning and professional development opportunities to future dental and non-dental professionals.

Key activities

- Delivered the Baby Teeth Count Too! workshop to 86 Graduate Diploma in Child and Family Health Nursing students across RMIT University, La Trobe University, and Federation University Australia.
- Delivered 4 seminars to 43 Bachelor of Oral Health students at La Trobe University and The University of Melbourne.
- Partnered with RMIT to deliver training for oral health professionals, including the Certificate IV in Dental Assisting (Oral Health Education).
- Delivered refresher oral health training sessions for 25 primary school nurses across multiple regions.
- Developed oral health messages for secondary school TV screens.

Oral health resources

We launched a redesigned Professional Learning and Resources page on our website, which allows for an improved user experience. All professional learning resources are now accessible in a single, streamlined library.

We also updated the *Deadly Fluoride Varnish* suite, comprising 5 culturally appropriate resources to support oral health promotion.

Leading reform to improve oral health outcomes

Oral Health Victoria led efforts to transform the way oral health care is delivered in Australia.

Electronic Oral Health Record

The Electronic Oral Health Record (EOHR) project is transitioning Victoria's public oral health system to a single statewide oral health patient record and identifier. Each community agency currently has its own instance of the clinical management application. The EOHR project will consolidate these different instances into a single clinical management system comprised of a single patient oral health record.

The establishment of a statewide public oral health patient record will improve the continuity of care across Victoria. This important change will mean that if a patient moves in the system, their records will be available at their new community agency. This vital system will support more efficient, coordinated care and provide clinicians with the most up-to-date clinical information for a patient at the point-of-care.

Key activities

- Building on the successful implementation within Smile Squad, the EOHR program has progressed platform development, rollout planning, and readiness activities for community agencies and RDHM, demonstrating sector leadership in the transition to a unified digital oral health record.
- Partnering with statewide representatives from the Oral Health Victoria community to enhance the EOHR platform for fixed clinic implementation, ensuring the solution is shaped by clinical expertise and informed by system-wide collaboration.
- Collaborating across the sector to drive standardisation of administrative and clinical workflows, improving usability, performance, and alignment to diverse service delivery settings, and enabling more consistent, high-quality care.
- Modernising training delivery and strengthening the communications and engagement approaches to support behaviour change, empowering users and agencies to build confidence and capability as they transition to EOHR.
- Establishing a comprehensive implementation support model to enable the successful onboarding of new agencies and users, ensuring a supported and consistent transition experience.
- Establishing statewide systems to continue leading and managing our operational support model for the EOHR platform, ensuring stability, responsiveness, and effective issue resolution as adoption scales, and supporting continuity of care.

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



Value-based health care

Since 2016, Oral Health Victoria has been shifting from volume-based dental service delivery toward a value-based health care model built around three principles: co-designed care, prioritised prevention and early intervention, and consistent measurement of health outcomes and costs.

Oral Health Victoria continues to deliver the Value-Based Health Care (VBHC) Implementation Strategy, building the capabilities, partnerships and collaboration needed to embed VBHC across the organisation and the Victorian public oral health sector.

During 2025–26, we further developed our approach to system planning and reform by identifying the key components of the Oral Health Ecosystem for Victoria and the Consumer and Patient Oral Health and Care Journey.

Key activities

- Commenced the development of a Partnering in Oral Health Framework and a supporting suite of practical implementation tools, guides, and resources.
- Mapped prevention programs, service pathways, and digital touchpoints across early years services, creating a whole-of-system view that highlights opportunities to strengthen coordination, improve patient experience, and extend the reach of prevention through digital innovation.
- Supported the design, implementation, and evaluation of strategic initiatives contributing to prevention-focused models of care for children in the early years and people experiencing homelessness.
- Consolidated a glossary of terms and developed an introductory e-Learning module to support leaders to apply the VBHC Principles and Framework in practice.
- Assessed how Patient-Reported Outcome Measures are used within Smile Squad to better support person-centred care and shared decision-making.



Clinical leadership, policy and research

Clinical Leadership brings together our Oral Health Advisors from Statewide and Smile Squad, value-based health care, and the Quality and Safety teams. This group provides clinical expertise and evidence-informed responsive advice and insights to the Executive, the Board, the Department of Health and the broader health sector. This covers clinical and policy matters, including emerging evidence and opportunities, the development of service delivery models, and clinician engagement.

During 2025–26, we continued to strengthen our systems to deliver safe, high-quality care at RDHM and provide governance and support to community agencies across the state.

Key activities

Clinical leadership

- Implemented a new credentialing platform.
- Made submissions in response to the Dental Board of Australia's consultation process.
- Provided expertise in the areas of clinical governance, quality improvement and evidence-based practice through the Oral Health Clinical Council, Clinical Leadership in Practice committee (CLiP), and our Board Safety and Quality Committee.
- Participated in the senior dentist networks statewide (particularly the North West and South East metropolitan areas and the Northern Regional group) and the Smile Squad clinicians' group.
- Delivered the Smile Squad Specialist Schools CPD workshops and expansion into regional areas to build clinician capacity through peer advice and mentoring.
- Contributed clinical expertise to Smile Squad initiatives.
- Contributed to key projects, including:
  - the Oral Health Therapist Graduate Program
  - the Vaping and Oral Health module
  - the Electronic Oral Health Record (Unity Connect) project through the Clinical Advisory Group and Clinical workshops
  - the Early Years Model and Early Years Victoria project
  - the Homelessness project
  - VBHC implementation strategy streams of work.
- Drove improvements in coordination with tertiary oral health providers, RDHM, and community agencies to manage patients with complex needs. Provided agencies with consistent support, including clinical incident and feedback investigation, quality improvement, infection control, and accreditation.
- Conducted ongoing reviews of clinically focused frameworks, procedures, and guidelines to support the delivery of high-quality and high-value care.

Continuous improvement

- Established a singular, cohesive Safety and Quality team, bringing together members previously split across RDHM and Statewide functions. The introduction of the new team has improved support, coordination, and collaboration with clinical teams within RDHM and in agencies across Victoria.
- Transitioned to the Victorian Clinical Governance Framework to support our collaboration with partner organisations in the Parkville LHSN. Our team members actively participate in the Safety and Quality Leads and Advisors group as part of this partnership.
- Participated in the LHSN assessment against the Clinical Governance Maturity Matrix.
- Reviewed and updated policies and procedures to ensure alignment with new legislative requirements for medical reporting from the Therapeutic Goods Administration.
- Updated the Dental Record Keeping Audit to increase efficiency and support both ongoing and immediate quality improvement. We also revised and streamlined the RDHM audit schedule.
- Increased oversight of incidents and feedback reporting across community agencies.
- Streamlined Safety and Quality performance reporting for RDHM and community agencies.
- Achieved hand hygiene audit results above the state benchmark of 85 per cent across all three audit periods with scores of 89, 88, and 89 per cent for RDHM.
- Continued to achieve highly positive Patient Reported Experience Measures scores at RDHM with 92 per cent of patients saying they would recommend our service to their family and friends.
- Increased the bank of consumer resources available for patients, with a focus on Easy English and accessibility.

Policy and advocacy

- Conducted a review of Victoria's Priority Access Policy for Victorian public oral healthcare.
- Endorsed national advocacy efforts led by the Food for Health Alliance on food regulation to support public health, including a health levy on sugar sweetened beverages.
- Made a submission to the National Oral Health Plan consultation with recommendations to strengthen the focus on oral health promotion and prevention and universal essential oral health care.
- Supported local advocacy and inclusion of community water fluoridation within the Northern Grampians Shire Council Municipal Public Health and Wellbeing Plan.
- Supported the inaugural Mental Health and Oral Health Symposium side-event with consumer engagement.

Research and data insights

- Established the Research and Evaluation Strategy Committee to help shape the oral health research agenda and maximise the potential public health benefits of research investment.
- Partnered to submit 2 major research grants to the Medical Research Future Fund 2025 Clinical Trials Activity Initiative.
- Published a key paper, 'Evidence for effectiveness and economic benefit of fluoride varnish provided by non-dental health professionals: A systematic review'.
- Partnered with the Melbourne Dental School to complete a thesis project on the Effects of Vape Compounds on Oral Tissues.
- Analysed Victorian statewide data on emergency admissions and potentially preventable dental hospitalisation in public hospitals.
- Delivered conference presentations at the Oral Health Association of Australia Congress 2026 and the Public Oral Health Conference 2026, receiving 4 prizes for our work.



Partnerships with other providers

We continue to find new and innovative ways to create meaningful partnerships and advocate for improved health outcomes across the state.

Parkville Local Health Service Network

On 1 July 2025, we officially joined our partners at Parkville Youth Mental Health and Wellbeing Service, Peter MacCallum Cancer Centre, The Royal Children's Hospital, The Royal Victorian Eye and Ear Hospital, The Royal Melbourne Hospital and The Royal Women's Hospital to form the Parkville Local Health Service Network.

We regularly meet with key members of each organisation within the network to forge the path for better, more inclusive care. We identify opportunities to collaborate, deliver initiatives, and share health messaging across our networks.

Our CEO, executive, communications, and quality and safety teams regularly meet with LHSN partners to work towards a more integrated healthcare system.



Health, education, and community partnerships

- Contributed to Safer Care Victoria's Chief Health Officer Network.
- Supported Ambulance Victoria with the development of Clinical Practice Guidelines for Paramedic Practitioners.
- Updated the oral health and wellbeing component of the Aged Care Education and Training online platform with La Trobe University.
- Collaborated with Monash University on the Pharmacy and Oral Health Clinical Guidelines.
- Staff from across our Executive, clinical, and corporate teams volunteered at two charities alleviating food insecurity and homelessness, Foodbank Australia and The Big Umbrella.



Our People

Oral Health Victoria continued to foster a safe, inclusive, and high-performing workplace where people are valued, respected, and supported to do their best and build a fulfilling career in oral health.

2025–26 People Plan on a page

We co-designed the annual People Plan on a Page with the aim of making Oral Health Victoria a great place to work and an ideal place for staff to advance their careers. The content is aligned with our Strategic Direction and 2024–26 People Plan, and it was developed through a range of workshops and focus groups involving our Board, Community Advisory Committee, senior leadership team and more than 200 staff from across the organisation.

Our People Plan has 4 pillars:

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

This structure provides us with a clear roadmap to help us achieve Oral Health Victoria's purpose and vision.

Come and stay

We engaged in a variety of initiatives aimed at making Oral Health Victoria a great place to work and contribute. The key actions of our workforce strategy are aimed at supporting staff retention and addressing workforce shortages across the state.

We continue to build the oral health workforce by developing new training and professional development opportunities. This vital work positions Oral Health Victoria as an employer of choice and supports us to create a pipeline of capable, empowered oral health professionals.

Oral Health Therapist Graduate program

Our Oral Health Therapist Graduate program is a strategic workforce initiative tailored to offer attractive career opportunities to Bachelor of Oral Health students. Structured over 12 months, the program is designed to strengthen the public oral health sector workforce pipeline, particularly within Smile Squad. The program is guided by 3 core principles: continuous learning, connection, and coaching.

Program participants are matched with senior clinicians who provide coaching and support their development throughout the year. Oral Health Therapist (OHT) graduates gain valuable experience and build sustainable careers within the public oral health sector.

In 2025–26, we recruited 26 graduates across 2 intakes, with participation from 16 regional and 11 metropolitan community agencies. Program retention is currently 93 per cent.

OHT graduates also benefit from a structured partnership with the Australian Dental and Oral Health Therapists' Association and the Dental Hygienists Association of Australia. This partnership grants the graduates free membership for up to 18 months and access to professional development resources, particularly useful at this foundational stage of their careers.

Oral Health Therapist Coaching program

Our Oral Health Therapist Coaching program runs in parallel to the OHT Graduate program. This structured program is underpinned by a capability framework and toolkit to empower the coaches to assist oral health therapists through their first year of work.

Participants are supported to enhance their coaching and mentoring skills by learning about the 'coaching contract', the GROW model for goal setting and problem solving, and developing their communication and interpersonal skills. We had 24 new coaches participate in the program this year.

Partnering to build our Dental Assistant workforce

We joined forces with Kangan Institute to strengthen the public oral health workforce and to support a more preventative approach to oral health care.

This collaboration launched two key initiatives designed to upskill and empower dental assistants:

- A new short course in fluoride varnish application tailored to dental assistants, with 24 students participating in the course.
- A co-designed pathway for dental assistants to upskill from a Certificate III to Certificate IV in Dental Assisting, which has been taken up by 58 dental assistants across Victoria.

Both courses are delivered online, offering maximum flexibility through a workplace-based learning model that allows participants to study while continuing to work. This upskilling pathway expands their scope of practice and clinical capability, providing dental assistants with greater autonomy and responsibility, and opening doors to leadership roles.

We also partnered with Chisholm Institute to develop a Certificate III fast-track course that enables dental assistants who hold older dental assisting qualifications to enrol in the Certificate IV course. Nine students have taken the opportunity to elevate and enhance their skills.

Learning locally to strengthen skills

In 2025, we introduced a new pilot program to provide regional clinicians with the hands-on opportunity to strengthen their surgical skills. Advanced Surgical training short courses have been attended by 19 dentists and 18 dental assistants working in the regional community public oral health sector.

The clinicians progressed from theory to practical demonstrations, supported with resources including tongues and manikin heads. Delivering the training in their region not only removed the need for country oral health professionals to travel to the city, but feedback also indicated that learning in their own environment consolidated some of the skills developed during the session.

We also partnered with The University of Melbourne to provide 15 dentists with the opportunity to expand their skills in the field of endodontics.



Awards and recognition

Oral Health Victoria received the prestigious Premier's Primary Healthcare Service of the Year Award at the Victorian Public Healthcare Awards in November 2025. The Premier's Health Service of the Year Awards recognise leadership and excellence in the provision of publicly funded healthcare for the Victorian community.

In September 2025, our Chief Executive Officer was awarded the Australian HR Champion (CEO) of the Year at the Australian HR Awards. The awards recognise human resources professionals at a national level and illustrate the important role that human resources play in driving organisational success.

In October 2025, Oral Health Victoria was a national finalist at the Australian Human Resources Institute Awards for Best Diversity, Equity and Inclusion Strategy. Our Belonging Plan was co-designed in conjunction with our staff, and it embeds inclusion across leadership, systems, and culture.

In November 2025, two staff members received national awards – the HR Rising Star Award and the Oral Health Association of Australia Congress 2025 Quiet Achiever Award which recognises substantial contribution to the oral health field through leadership and dedication.

In May 2026, the Chief People and Culture Officer was recognised on the HRD Australia and New Zealand's Hot List for outstanding achievements in the field of human resources and a member of the HR team received a Rising Star citation.

In June 2026, Professor Peter Parashos was appointed a Member of the Order of Australia in the King's Birthday Honours for significant service to dentistry, particularly endodontology, and to tertiary education.

Oral Health Victoria also took home two trophies at the HR Innovation Awards, winning Best Graduate Program and a Rising Star Award.

In June 2026, we also received national excellence citations in the 2026 Australian HR Awards in the following categories:

- Australian HR Director of the Year
- Best Graduate Development Program
- Australian HR Team of the Year (under 1,000 employees).



Learn and Grow

We continued to foster professional development and leadership opportunities across Oral Health Victoria and community agencies. This aligns with our commitment to strengthening Oral Health Victoria's identity as a teaching and learning organisation.

Capability frameworks and self-assessment tools

In partnership with community agencies and the Parkville LHSN, we continue to expand our in-person and digital learning programs.

We have introduced both leadership and dental assistant capability frameworks which include self-assessment tools and focus on incremental skills development. The frameworks support development and performance discussions based on positional and behavioural skills which can be self-assessed through the myLearning platform.

Scholarship programs

We continued to support the ongoing professional development and leadership ambitions of our staff through a diverse range of scholarship programs:

- **CEO Professional Development Scholarship**

The CEO Professional Development Scholarship fosters a culture of continuous improvement for staff by advancing their skills, diversifying their experience, and improving their capacity to build enduring careers. Eight staff members received funding of up to $2,000 each to contribute towards learning or education programs.

- **Women and Leadership Scholarship**

Sponsored by the CEO, this scholarship supports gender equity by enabling women from across Oral Health Victoria to develop their leadership capabilities. Six staff members at new to mid-level career levels received scholarships this year.

- **Colin Riley Scholarship**

Open to clinicians and oral health professionals across the Victorian public oral health sector, the Colin Riley Scholarship provides clinical placement and training opportunities in Tonga and the Solomon Islands. Two clinicians participated in the capacity-building scholarship during the year.

- **Luisa Hungerford-Morgan Scholarship**

In its final year, the Luisa Hungerford-Morgan Scholarship provides financial support to a Bachelor of Oral Health student to achieve their educational and professional goals. Named for its first recipient, the scholarship highlights the impact of transformative care. One scholarship was awarded this year.

Building clinical and leadership capability

Staff can access a wide variety of professional development opportunities via the Learning Management System, which offers more than 300 digital courses. In-person training is delivered to clinicians and oral health professionals across the state. Our most popular courses include:

- Basic Life Support
- Nitrous Oxide Inhalation Sedation Training
- Hall Crown Technique
- Front Line Adaptive Communication
- Mental Health First Aid and Aboriginal Mental Health First Aid.

We also co-designed a series of courses in conjunction with the Peter MacCallum Cancer Centre that have now been added to the Learning Management System, including Enhancing Service Delivery, Supervision on the Run, and Teaching on the Run.

OHV LEAD program

During 2025–26, we introduced a digital leadership learning platform and Oral Health Victoria's LEAD program. The new program brings together clinical and corporate leaders who are responsible for managing teams across the organisation.

The Lead program supports these leaders to operationalise the key actions included in our Strategic Direction. Held over a six-month period, the program engages participants in working through complex challenges and collaborating to implement portfolio business plans.



Public Oral Health Conference

More than 500 participants attended our Public Oral Health Conference at the Melbourne Convention and Exhibition Centre in October 2025. The event featured a range of expert speakers delivering presentations on important topics ranging from harnessing digital tools to improve health outcomes to the power of policy in building a healthier future for our children. The breakout sessions featured insightful presentations from leaders in the field on diverse topics covering research, advances in clinical practice, population health, and value-based health care.

Attendees included oral health professionals, policy makers, and health advocates. In addition to professional development, the conference provided a springboard for rich dialogue and discussion on improving oral health across the state.

Well and Safe

We provided staff with an array of health and wellbeing initiatives to ensure our workforce stays both well and safe. Our 2025–27 Well and Safe Plan provides a strategic and systemic approach to staff wellbeing and safety.

Psychosocial safety

During 2025–26, we completed Psychosocial Safety and Occupational Violence and Aggression audits, using focus groups to assess and improve workplace psychological health and wellbeing.

We delivered a Psychosocial Safety Education Program to build workforce understanding of psychological health, available supports, and resources. We also implemented risk controls and reporting systems to support this.

We developed a Psychosocial Wellbeing Toolkit and Program as part of the Thrive Project – a Parkville LHSN initiative funded by Safer Care Victoria's Family Violence and Workforce Wellbeing division. It is designed to enable scalable and broader adoption beyond the Parkville network.

Health and wellbeing initiatives

We delivered strategic health and wellbeing initiatives to support the physical and psychological wellbeing of staff, including:

- Access to skin cancer checks, general health checks, body composition scans, healthy cooking demonstrations, and financial wellbeing sessions.
- A Healthy Body and Mind Hub to help employees improve their physical and mental health.
- Social events including staff barbecues and the celebration of key events including International Nurses Day, NAIDOC Week, Dental Health Week, R U OK? Day, Steptember, and International Women's Day.
- Annual Health and Safety Representative (HSR) Forum with the theme of Sexual and Psychological Safety.
- Enhancement of Injury Management and Code Grey procedures and processes for ease of use, improved response, and early intervention.

Engage and Belong

We remain committed to building a culture where all people belong. We actively engage both staff and patients in the co-design of our programs. This year, we introduced new ways of connecting to our people and learning what matters most to them.



Gender equality

As part of our Gender Equality Act obligations, we submitted a workforce audit and a progress report to the Commission for Gender Equality in the Public Sector. Following the conclusion of our first set of gender equality actions in June 2025, we updated our Belonging Plan with new actions during the second half of 2025. All progress reports will be made publicly available on our website and the Commission's website by December 2026.

Equity Impact Assessment framework

We worked closely with our staff and engaged our consumers to co-design an updated Equity Impact Assessment framework. The purpose of these impact assessments is to create better and fairer outcomes, and to make sure that all people have equal access to opportunities and resources. We conduct an impact assessment on all policies, programs, projects, and services that will have a direct and significant impact on the public.

Staff engaged in training sessions and were invited to join our community of practice to collaborate. During the co-design process, we received valuable feedback and meaningful insights from members of our Consumer Advisory Committee and staff.

Staff feedback sessions

We implemented a new employee feedback strategy to ensure a diversity of voices and wide range of perspectives inform our work. The strategy, called Your Say Can Shape Your Day, is an engaging and interactive forum where employees provide input on initiatives, engage in discussions, and share ideas.

These dynamic forums allow us to receive insights from across clinical and corporate areas and give us a new way to hear what our teams have to say. During 2025–26, we ran 3 of these feedback sessions. Some of the key outcomes included:

- we received more than 400 votes on inclusions for our Belonging Calendar
- staff actively engaged in the renaming of our employee development program
- we gained valuable feedback on key topics, including our employee value proposition, People Plan, most useful communications channels, and our People Matter results.



Equity and inclusion activities

We worked on a range of initiatives and events to champion diversity, equity, and inclusion across our organisation and our key partnerships, including:

- In August 2025, we collaborated with partners across the Parkville LHSN to produce a social media video to support LGBTQIA+ youth as part of Wear It Purple Day, to send a clear message that our hospitals are a place where they can genuinely feel safe, welcomed, and empowered to thrive.
- Our staff once again joined the Midsumma Pride March in February 2026 to show solidarity with LGBTQIA+ communities and reinforce our dedication to creating spaces where everyone can be their authentic selves.
- In March 2026, we delivered a webinar on the topic of 'Neurodiversity and Women' as part of a calendar of events delivered across the Parkville LHSN. We also hosted a Cultural Diversity Week celebration, including a morning tea and market stall in conjunction with social enterprise SisterWorks.
- We hosted a series of Acknowledgement of Country workshops for staff as part of National Reconciliation Week in May 2026.



Purpose, Functions, Powers and Duties

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

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

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

Oral Health Victoria:

- provides dental services through RDHM
- purchases dental services from 43 community agencies across Victoria
- develops the current workforce and supports the education and training of future oral health professionals
- supports and participates in oral health research
- advises government on policy, funding, and service development
- leads the development, implementation, and evaluation of oral health promotion programs
- provides clinical leadership to the public oral health sector.

The following groups are eligible for public dental services:

- all children aged 0–12 years
- young people aged 13–17 years enrolled in a Smile Squad eligible school, or who hold a healthcare or pensioner concession card, or who are dependants of concession card holders
- people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- all children and young people in out-of-home care provided by the Department of Families, Fairness and Housing (DFFH), up to 18 years of age (including kinship and foster care)
- all people in youth justice custodial care
- all Aboriginal and Torres Strait Islander people
- all refugees and people seeking asylum.

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

The following groups have priority access:

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

Summary of services

The Royal Dental Hospital of Melbourne

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

Community agencies

There are 43 community agencies at 85 sites located throughout metropolitan Melbourne and regional Victoria. Community agencies can be independent entities or part of larger health services, community health services, and hospitals. Oral Health Victoria purchases services from these agencies to ensure eligible Victorians have access to public dental services.

Services

Emergency care

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

General care

General dental care including fillings, dentures and preventive care is available to current healthcare and pensioner concession card holders. All children aged 0–12 are eligible to receive care. Children aged 13–17 enrolled in a Smile Squad eligible school or with CDBS can also access care.

Specialist care

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

Oral health promotion

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

Education

RDHM's specialist and teaching clinics support the University of Melbourne's education programs for dentists, specialists, and oral health therapists. The 24 teaching clinics also support RMIT University's education programs for dental assistants, technicians, prosthetists, and hygienists. We work closely with La Trobe University and Charles Sturt University's dentists and oral health therapists to support its rural oral health teaching program in several community agencies.

Purchased services

Oral Health Victoria purchases oral health services from 43 community agencies. We ensure there is a fair and equitable distribution of public money used in the most effective and efficient way to improve public oral health. We have developed policies and procedures to ensure that defined levels of community agency support are provided.

Safety and quality

The Safety and Quality team works with members of the community to identify problems and improve processes, patient experience, and outcomes, while consistently delivering safe, quality care for every person. It also maintains processes and standards of care to minimise risk to patients and staff, including by monitoring compliance with National Safety and Quality Health Service Standards and quality indicators.

Partnering with the community

We involve community members in all aspects of healthcare delivery, including improving the patient journey through our services. Community members sit on some Board subcommittees and are consulted wherever possible in service and program developments. We consult with the Victorian community on the way services are provided and our strategic goals for the future.

Information technology

We develop and maintain patient management system solutions and infrastructure to support the activities of Smile Squad, RDHM, and community agencies across Victoria.

Management reporting and analysis

We provide management reporting and analysis services to the Department of Health and community agencies across Victoria.

Agency Relationships Team

We work closely with our community agency partners to ensure delivery of safe and responsive care within the allocated resources. We provide support and advice, ensuring statewide consistency with our Strategic Direction and reinforcing a culture of continuous improvement in public oral health. The Agency Relationships Team is the key link between community agencies and Oral Health Victoria.



Fees and charges

Eligible adults

The following fees are charged for people aged 18 years and over who hold a health care or pensioner concession card, or who are dependants of concession card holders:

- $32 fee per visit, to a maximum of $128 for a general course of care (includes an examination and all general dental treatment)
- $32 flat fee for an emergency course of care (includes assessment and treatment of the tooth, gum or denture that is causing pain)
- $77.50 per denture, capped at $155 for full upper and lower dentures.

Children

Fees charged for children aged 0–12 years who are not enrolled at a Smile Squad eligible school, or healthcare or pensioner concession card holders and not dependants of concession card holders:

- Free of charge for an emergency course of care
- $39 flat fee per child for a general course of care (includes an examination and all general dental treatment). Fees per family will not exceed $156.

Fees for specialist services (RDHM only)

- Fees depend on the treatment. A course of care will not cost more than $394.

Fee exemptions

The following groups are exempt from fees for public dental services:

- Aboriginal and Torres Strait Islander people
- people who are homeless or at risk of homelessness
- refugees and people seeking asylum
- children and young people aged 0–17 years who hold a health care or pensioner concession card, or who are dependants of concession card holders
- all children and young people who are in out-of-home care provided by the Department of Families, Fairness and Housing (DFFH) (including kinship and foster care), up to 18 years of age
- all people in youth justice custodial care
- people registered with mental health or disability services, supported by a letter of recommendation from their case manager or a special developmental school
- people receiving care from undergraduate students
- people experiencing financial hardship (as assessed by a qualified staff member).

Board and Executive

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



David Stevenson
(Chair)
BBus(Mgt) and GAICD

Appointed to the Board in July 2018

David has more than 25 years' experience as a CEO and senior executive, both in Australia and internationally. He is currently the CEO of the National Basketball League Group, was formerly CEO of the Western Bulldogs, General Manager Operations for the AFL and had a 17-year career at Nike, including as a Vice President. Throughout these roles, David has delivered strong growth in revenue, profitability, transformation of businesses and brought disparate stakeholders together. David is passionate about developing people, setting a bold vision, developing a strong strategic plan, and focusing on delivery to achieve results.



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

Appointed to the Board in July 2020 (until 30 June 2026)

Nicole Bartholomeusz has worked extensively in public health and government in executive and non-executive roles for more than 20 years. She is currently the Chief Executive of cohealth and has a strong interest in health policy and health system redesign. Nicole's background as a clinician, combined with a Master of Business Administration and experience delivering public health services, puts her in a unique position to provide leadership within the health services sector. Nicole also has extensive governance experience having served as a non-executive Board Director in a number of organisations across the health sector.



Charles Power
BEc (Hons) LLB

Appointed to the Board in July 2020

Charles is a legal practitioner with more than 30 years of experience in workplace relations and safety law.

He has been a partner of the law firm Holding Redlich since 2002 and is now the Victorian Managing Partner. His board experience includes chairing the Audit and Risk Committee and service on the Committee of Early Learning Association Australia between 2014 and 2018.

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



Sue Banks
FCCA, MBA, GAICD

Appointed to the Board in July 2019

Sue has more than 30 years of board level executive and non-executive director experience across a wide range of service sectors with a recent focus on organisations with a strong community purpose. Her current board roles include Deputy Chair of Vision Australia, and her committee memberships include Chair of Governance and Nominations Committee; and South Eastern Melbourne Primary Health Network where she is a Director and is also the Chair of Finance Audit and Risk.

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



Candice Charles
B App Sc, MBA, MPH, GAICD

Appointed to the Board in July 2022

Candice has had a career in the financial, health and community sectors and has served as a non-executive director for more than 25 years. She has a deep commitment to the human services sector, ensuring these services are accessible and effective for people in our community who are vulnerable or experiencing disadvantage.

She is currently the Chair of EACH Limited, a for-purpose community health provider, supporting people across the east of the state and is a Director of TLC Healthcare which provides integrated aged care, primary health, early learning and other services.

Candice has held senior leadership positions in the financial services sector and in health and community service organisations. She is a former Chair of Aruma Services – one of Australia's largest providers of disability support services.

She has a Master of Public Health and Business Administration from The University of Melbourne.



Catherene Pham
M.S, Adv. Grad. Specialist Cert. (Prosthodontics), BDS, BSc (Hons), AFCHSM, CHM, GAICD, FGIA

Appointed to the Board in July 2024

Catherene has a diverse background as a Specialist Prosthodontist Dental Surgeon both in Australia and overseas. As a business executive and technology visionary with more than 25 years of experience, Catherene is in a unique position to provide leadership within the health services sector. She is passionate about equitable accessibility to the highest standard of healthcare, legal resources and education for all socio-economic communities, empowering domestic violence victim-survivors, data cyber protection and clinical governance.

Catherene is the CEO and Chair of BioPhamTech Group Pty Ltd; and Managing Director of Transnovate Pty Ltd, revolutionising the world's first and only protected technology for continuous monitoring of women's health hormones and Alzheimer's biomarkers.



Katherine Stevens
BN JD

Appointed to the Board in July 2021 (until 30 June 2026)

Katherine has worked extensively in public health as a nurse, lawyer, and leader for more than 20 years at a variety of public health services across Victoria. She is currently Special Counsel at Health Law Partners Pty Ltd and Member of the Royal Australian College of General Practitioners Appeals Committee.

Katherine has significant expertise in matters of governance, the law, and Board operations. Her leadership within the health sector is informed by both her background as a clinician, and her qualifications in law and experience delivering public health services. Katherine has significant experience in cross-disciplinary collaboration, working with teams of experts to identify and respond to issues inherent in corporate, strategic, clinical, and enterprise risks.



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

Appointed to the Board in July 2018

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

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



Leanne Fary
Appointed to the Board in July 2025, Leanne commenced a leave of absence from 30 April to 1 June 2026, due to commitment requirements around her appointment to the Treaty Assembly for the North West region.

Leanne is a proud Gunditjmara woman who has throughout her career worked across government and ACCO sectors. She is committed to elevating Aboriginal voices and creating pathways where Aboriginal and Torres Strait Islander people can determine decisions that affect their lives, families, and future. She is passionate about continuing the journey of empowering regional health communities to promote cultural safety, and advocates for equitable workplace practices that embed improved outcomes for Aboriginal people accessing the services.

Board meetings

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

In addition to the Annual General Meeting, the Board met 9 times during 2025–26. Attendance at Board meetings was as follows:

Member	Eligible to attend	Attended
David Stevenson	9	**7**
Antony Tobin	9	**7**
Sue Banks	9	**7**
Leanne Fary	6	**5**
Candice Charles	9	**9**
Nicole Bartholomeusz	9	**8**
Charles Power	9	**8**
Katherine Stevens	9	**9**
Catherene Pham	9	**9**

Subcommittees

The following committees provided advice to the OHV Board of Directors during the 2025–26 financial year.

Audit and Risk Committee

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

Chair: Charles Power

Members: Sue Banks, Catherene Pham, Elizabeth Davenport (external member)

Community Advisory Committee

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

Co-Chairs: Candice Charles and Billy Park

Members: Andrea Cooper, Wolfie Sun, Jodie Letts, Katherine Stevens, Leanne Fary (from August 2025), Catherene Pham, Kevyn Morris, Karen Chircop-Bonello and Amelia Garnett

Finance Committee

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

Chair: Sue Banks

Members: David Stevenson and Candice Charles

People and Culture Committee

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

Chair: David Stevenson

Members: Sue Banks, Nicole Bartholomeusz and Candice Charles (from August 2025)

Population Health Committee

The role of the Population Health Committee is to provide advice and recommendations to the Board on health issues affecting the population served by OHV. The committee supports the achievements of the Victorian action plan to prevent oral disease.

Chair: Nicole Bartholomeusz

Members: Antony Tobin, Leanne Fary (from August 2025), Anil Raichur, Kevyn Morris, Santosh Tadakamadla, Roisin McGrath, Rebekah Clutterbuck

Safety and Quality Committee

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

Chair: Antony Tobin

Members: Charles Power, Katherine Stevens, Felicia Valianatos, Min Jae Kim, Jacinta Claxton, Andrea Cooper, Ahlia Griffiths

Compensation arrangements

The Board reviews the compensation arrangements of the CEO and other senior executives via its People and Culture Committee. OHV complies with the Health Executive Employment and Remuneration policy. The remuneration of Board Directors is determined in accordance with government policy.

Managing risk

The Board retained the services of HLB Mann Judd in 2025–26 as internal auditors and risk consultants as part of our ongoing commitment to risk management.

Executive

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



Susan McKee – Chief Executive Officer

RN, BSc(HMS), MBA, GAICD

Susan is a forward-thinking CEO and non-executive director on a mission to make quality healthcare more accessible, safe and patient-centred. Since starting her career as a Registered Nurse, she has spent more than 40 years working to improve healthcare systems across the public, not-for-profit, and private sectors. She holds an MBA, a Bachelor of Applied Science in Human Movement Studies, and is a graduate of the Australian Institute of Company Directors.

Susan's strategic and values-driven approach inspires creative thinking, bold innovation, and a collaborative workplace culture. She is a highly respected thought leader and expert advisor in the delivery of value-based health care. She is leading the transformational change required to shift the provision of oral health care from outputs to outcomes and volume to value across the Victorian public health system.



Mark Sullivan – Chief Operating Officer

MBA, MHIthAdmin, GDHA, Cert Purchasing/Planning

Mark has more than 40 years' experience in the public health sector as a senior executive and board director at metropolitan specialist hospitals, rural and regional hospitals and community health services. He is responsible for commissioning services and administering funding for statewide public oral health services, as well as service provision through the Royal Dental Hospital of Melbourne. Mark oversees statewide population health, strategy and transformation, and he is the executive lead for the Smile Squad school dental program.



Karen O'Duil – Chief Financial Officer

FCMA, CGMA

Karen is a Fellow of the Chartered Institute of Management Accountants bringing with her more than 25 years of expertise in financial leadership. Karen has built a distinguished career working across private, government, and not-for-profit organisations, with experience at for-purpose organisations such as Oxfam Australia, Neami National, and the Walter and Eliza Hall Institute of Medical Research. Her diverse background reflects a deep understanding of financial strategy, governance and control.



Nuno Goncalves – Chief Information Officer

GAICD, MACS Snr CP, BchA Psyc, AdvDip IT, Dip IT Serv, Dip Netwk Mgm, ITIL V3 Serv Mgmt, CertIV Workpl T&A

Nuno has more than 15 years of leadership experience in health information technology, and more than 25 years of information and communications technology (ICT) experience across numerous industries. He has held the following positions – Chief Technology Officer at Peter MacCallum Cancer Centre, Chief Information Officer at the Royal Victorian Eye and Ear Hospital and the Senior Director of ICT at Queensland Health.



Assoc. Prof. Werner Bischof AM – Chief Oral Health Advisor

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

Werner is a highly experienced periodontist with more than 25 years' experience in the public and private oral health sectors. Since joining OHV in 2014, Werner has applied his clinical leadership across all specialist units in the areas of models of care, peer review, clinical governance and patient experience. Werner is an Adjunct Associate Professor at the La Trobe Rural Health School. In 2019, Werner received one of the nation's highest honours as he was named a Member of the Order of Australia (AM) for his significant services to dentistry and professional dental organisations.



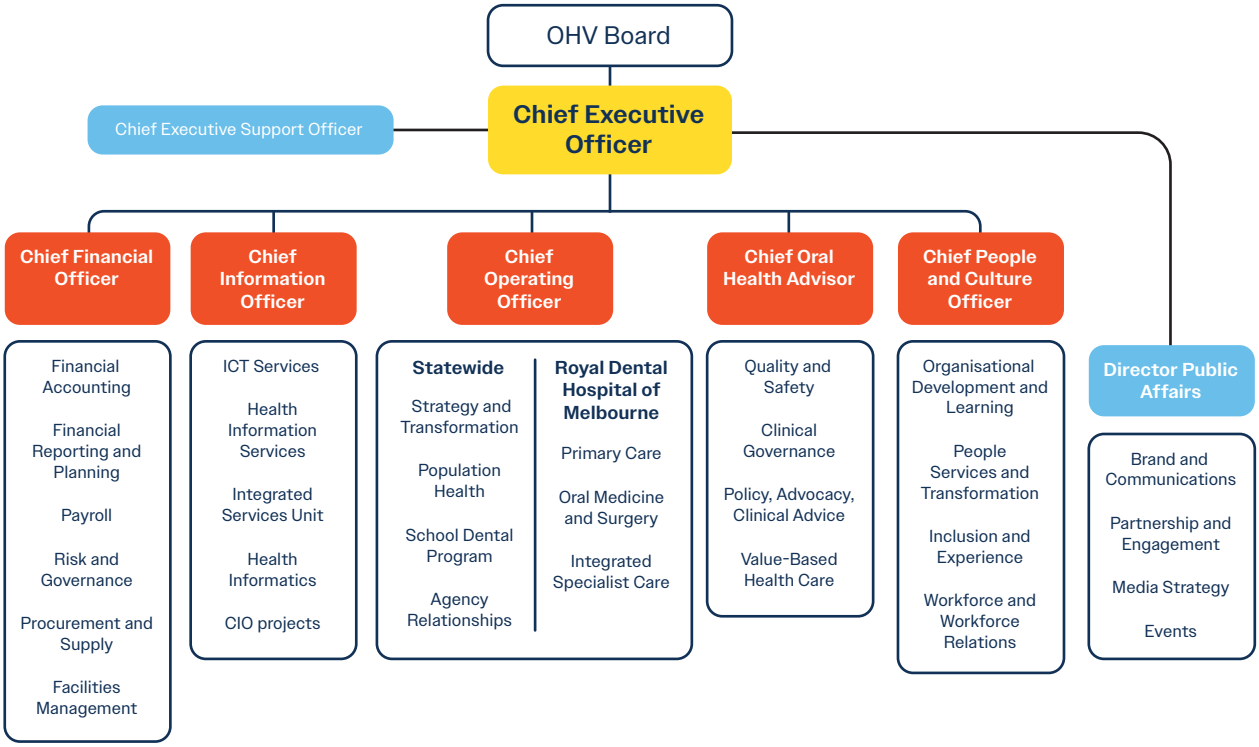
Zemeel Saba – Chief People and Culture Officer

MBus(HRM), AICD

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

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

Organisational chart



Quality resources

Oral Health Victoria develops a range of educational and informative written materials and resources for patients, health professionals, and members of the public. These resources can be obtained via the website or by contacting the Oral Health Victoria Brand and Communications team via communications@dhsv.org.au.

Statement of availability of other information

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

a) a statement of pecuniary interests has been completed

b) details of shares held by senior officers as nominee or held beneficially

c) details of publications produced by the Department about the activities of OHV and where they can be obtained

d) details of changes in prices, fees, charges, rates, and levies charged by OHV

e) details of any major external reviews carried out on OHV

f) details of major research and development activities undertaken by OHV that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations

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

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

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

j) general statement on industrial relations within OHV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations

k) a list of major committees sponsored by OHV, the purposes of each committee and the extent to which the purposes have been achieved

l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Attestations

Buildings management

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

Procurement and tendering

OHV procurement and tendering framework complies with HealthShare Victoria's mandated Purchasing policies.

Probity

Across all procurement and tendering, OHV behaves ethically and upholds public values and ensures impartiality, accountability, and transparency. When necessary, OHV utilises the services of an independent probity practitioner.

Social Procurement Framework

OHV has embedded the requirements of the Victorian Social Procurement Framework (SPF) in the planning phase of individual procurements. OHV seeks opportunities, and where available, clearly communicates identified social outcomes to potential suppliers from the outset of the market approach through the Invitation to Supply (ITS) suite of documents. For this reporting period, OHV's individual procurements fell within the Below Threshold band.

Across the 2025–2026 financial reporting period OHV purchased from 5 social benefit suppliers. The aggregate spend was approximately $515,610. OHV's approach to the SPF is one of continuous improvement.

Local Jobs First

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

MPSG applies to all construction projects valued at $20 million or more. The MPSG guidelines and VIPP guidelines will continue to apply to MPSG-applicable and VIPP applicable projects respectively where contracts have been entered prior to 15 August 2018. During the 2025–2026 reporting period, OHV did not commence projects that meet the Local Jobs First policy value threshold.

Projects completed – Local Jobs First Standard

During the 2025–2026 financial reporting period, OHV did not complete projects that meet the Local Jobs First policy value threshold.

Financial Management Compliance

I, David Stevenson, on behalf of the Responsible Body, certify that Oral Health Victoria has complied with the applicable Standing Directions of the Minister for Finance under the *Financial Management Act 1994* and Instructions.



David Stevenson

Chair, Board of Directors
Oral Health Victoria, Carlton VIC
27 August 2026

Data Integrity

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



Susan McKee

Chief Executive Officer
Oral Health Victoria, Carlton VIC
27 August 2026

Integrity, fraud and corruption

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



Susan McKee

Chief Executive Officer
Oral Health Victoria, Carlton VIC
27 August 2026

Risk Management Framework and Processes

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



Susan McKee
Chief Executive Officer
Oral Health Victoria, Carlton VIC
27 August 2026

Conflict of Interest

I, Susan McKee, certify that Oral Health Victoria has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the Victorian Public Sector Commission. Declaration of private interest forms have been completed by all key management personnel within Oral Health Victoria and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each Executive and Board meeting.



Susan McKee
Chief Executive Officer
Oral Health Victoria, Carlton VIC
27 August 2026

HealthShare Policies

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



Susan McKee
Chief Executive Officer
Oral Health Victoria, Carlton VIC
27 August 2026

Public Interest Disclosures Act 2012

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

Freedom of Information

The Victorian *Freedom of Information (FOI) Act 1982* provides members of the public the right to apply for access to information held by OHV. Most applications under Freedom of Information are requests by patients for access to their own personal dental records. OHV received 860 requests during the year, and all requests were granted in full.

Competitive neutrality

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

Asset Management Accountability Framework (AMAF) Maturity Assessment

The following section summarises OHV's assessment of maturity against the requirements on the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that aims to assist Victorian Public Sector agencies manage their asset portfolios and provide better services for Victorians.

The requirements for AMAF can be found on the Department of Treasury and Finance website. The overall OHV target maturity rating is 'competence' and no material compliance deficiencies were noted. The majority of systems and processes are in place and being consistently applied throughout the organisation meeting the requirements of AMAF, with plans for improvement in any developing areas.

Emergency procurement and procurement complaints

During 2025–26, Oral Health Victoria had nil reports of emergency procurement. During this reporting period, Oral Health Victoria also had nil reports of procurement complaints.

Workforce breakdown

Labour category	June Current Month FTE*		Average Monthly FTE*	
	2025	2026	2025	2026
Nursing Registered nurses	19	21	21	22
Administration and clerical Admin, clerical, management	229	222	220	218
Medical support CSSD techs/ radiologists	21	19	21	20
Hotel and Allied Services Other (e.g. storepersons, maintenance technicians, orderlies)	9	10	10	10
Medical officers Anaesthetists	5	6	6	6
Ancillary staff (Allied Health) Clinical physiotherapists, social workers	1	1	1	1
Specialist dentists	22	23	20	22
Dentists	34	36	32	34
Dental therapists, Dental hygienists, Oral health therapists	12	16	12	14
Dental assistants	117	110	112	110
Dental technicians	12	13	13	12
Prosthetists	3	2	2	2
Total	**484**	**479**	**470**	**471**

* FTE: Full time equivalent

Workforce information

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

Employment principles

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

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

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

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

Organisational values and staff code of conduct

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

Occupational violence statistics	2025–26
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted work cover claims with lost time injury with an OVA cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	70
Number of occupational violence incidents reported per 100 FTE	14.61
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0%

OH&S statistics	2025–26
Number of reported hazards/ incidents for the year per 100 full-time equivalent staff members	29.06
The number 'lost time' standard claims for the year per 100 full-time equivalent staff members	1.04
The average cost per WorkCover claim for the following years (as at 30 June 2026):	
2023–24 Average claims cost (incurred)	$195,865
2024–25 Average claims cost (incurred)	$53,130
2025–26 Average claims cost (incurred)	$70,145
Premium projection for 2026–27	$1,606,239.95
Significant variations:	
Ongoing focus on proactive early engagement in injury and claims management has resulted in a 13.4% reduction in projected premium compared to 2025–2026.	
In the event of a fatality, a discussion of the circumstances that led to the fatality and the preventative measures that have been taken to prevent recurrence. If the fatality is under investigation or subject to an inquiry, a statement to that effect shall be included.	N/A

Safety and wellbeing

Our Health Safety and Wellbeing management systems provide a strategic and systemic approach to staff wellbeing and safety by creating a sustainable foundation for continuous improvement, proactive risk management, and a high-performing safety culture.

We continue to provide a range of health and wellbeing initiatives aimed at creating a well workforce and a safe workplace, including access to a Healthy Body and Mind Hub, wellbeing sessions, numerous support services and referral pathways, including our Employee Assistance Program.

We provided staff with critical incident training, including specialised Occupational Violence and Aggression De-escalation training for clinical and front-facing staff. Our Occupational Health and Safety management system provides a robust framework for risk management, ensuring compliance with relevant legislation. We conducted a comprehensive review of our injury management processes and systems to better support injured workers, including the ongoing expansion of our return-to-work task library.

Environment Performance Report

OHV is committed to continuous improvement in sound environmental practices. OHV procures energy, water, and waste services via the HealthShare Victoria collective agreements, which is the primary source of data for these reports. Additionally, a significant portion of our vehicles are leased and managed by VicFleet. This data is collected centrally through fuel cards, encompassing all OHV vehicles, whether leased or owned. We are dedicated to continuous improvement in reducing our environmental impact, and we are actively working towards enhancing the reporting of this data in the future.

Electricity use

EL1 Total electricity consumption segmented by source [MWh]		
	2025–26	2024–25
Purchased	2503.79	2,323.22
EL1 Total electricity consumption [MWh]	**2503.79**	**2,323.22**

Stationary energy

F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]		
	2025–26	2024–25
Natural gas	8,960,032.40	8,422,005.60
F1 Total fuels used in buildings [MJ]	**8,960,032.40**	**8,422,005.60**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]		
	2025–26	2024–25
Natural gas	461.71	449.60
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	**461.71**	**449.60**

Transportation energy

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]		
	2025–26	2024–25
Petrol	101,913.45	236,295.00
Diesel	2,181,407.60	1,978,049.30
Total energy used in transportation (vehicle fleet) [MJ]	**2,283,321.05**	**2,214,344.30**

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category		
	2025–26	2024–25
Petrol	8 (7%)	6 (5%)
Diesel	109 (93%)	110 (95%)

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]		
	2025–26	2024–25
Non-executive fleet - Gasoline	7.35	15.98
Petrol	7.35	15.98
Non-emergency transport (Health service operated) - Diesel		
Non-executive fleet - Diesel	183.73	139.27
Diesel	183.73	139.27
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	**191.08**	**155.25**

Total energy use

E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]		
	2025–26	2024–25
Total energy usage from stationary fuels (F1) [MJ]	8,960,032.40	8,422,005.60
Total energy usage from transport (T1) [MJ]	Not reported	2,216,997.10
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	**8,960,032.40**	**10,639,002.70**

E2 Total energy usage from electricity [MJ]		
	2025–26	2024–25
Total energy usage from electricity [MJ]	9,013,651.38	8,363,598.19

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]		
	2025–26	2024–25
Renewable	8,725,314.55	1,531,021.80
Non-renewable (E1 + E2 - E3 Renewable)	9,248,369.23	17,471,313.81

E4 Units of Stationary Energy used normalised		
	2025–26	2024–25
Energy per unit of LOS [MJ/LOS]	4,870.92	5,908.34
Energy per unit of Separations [MJ/Separations]	4,870.92	5,908.34
Energy per unit of floor space [MJ/m2]	982.28	917.35

Water use

W1 Total units of metered water consumed by water source (kl)		
	2025–26	2024–25
Potable water [kL]	16,619.31	15,944.42
Total units of water consumed [kl]	16,619.31	15,944.42

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity		
	2025–26	2024–25
Water per unit of LOS [kL/LOS]	4.50	5.61
Water per unit of Separations [kL/Separations]	4.50	5.61
Water per unit of floor space [kL/m2]	0.91	0.87

Waste and recycling

WR1 Total units of waste disposed of by waste stream and disposal method [kg]		
	2025–26	2024–25
Landfill (total)		
General waste	341,572.19	341,572.19
Offsite treatment		
Clinical waste - incinerated	301.67	301.67
Clinical waste - sharps	426.73	426.73
Clinical waste - treated	16,168.74	16,168.74
Recycling/recovery (disposal)		
Cardboard	9,855.71	9,855.71
Commingled	8,530.67	8,530.67
Paper (confidential)	7,712.58	7,712.58
Paper (recycling)	9,500.14	9,500.14
Total units of waste disposed [kg]	**394,068.43**	**394,068.43**

Waste and recycling data for 2025–26 have been estimated using data from the previous reporting period, as 2025–26 records were not available at the time of this report's publication.

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method		
	2025–26	2024–25
Total waste to landfill per patient treated (kg general waste)/PPT	46.28	60.11
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	2.29	2.97
Total waste recycled and reused per patient treated (kg recycled and reused)/ PPT	Not reported	6.77

WR4 Recycling rate [%]		
	2025–26	2024–25
Weight of recyclable and organic materials [kg]	Not reported	35,599.10
Weight of total waste [kg]	358,469.33	394,068.43
Recycling rate [%]	**Not reported**	**9.03%**

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]		
	2025–26	2024–25
tonnes CO2-e	465.88	465.88

Greenhouse gas emissions

G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]		
	2025–26	2024–25
Carbon Dioxide	460.55	587.24
Methane	0.90	0.87
Nitrous Oxide	0.27	1.29
Total	**461.70**	**589.40**
GHG emissions from stationary fuel (F2) [tonnes CO2-e]	461.70	433.99
GHG emissions from vehicle fleet (T3) [tonnes CO2-e]	**Not reported**	**155.84**

G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]		
	2025–26	2024–25
Electricity	1,664.84	1,532.42
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	**1,664.84**	**1,532.42**

G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)		
	2025–26	2024–25
Waste emissions	465.88	465.88
Indirect emissions from Stationary Energy	261.93	241.79
Indirect emissions from Transport Energy		38.33
Any other Scope 3 emissions	17.85	16.14
Total scope three greenhouse gas emissions [tonnes CO2e]	**751.13**	**772.08**

NOTE: Indicators are not reported where data is unavailable or an indicator is not relevant to the organisation's operations. This report contains data that was valid at the time of extraction.

Statement of Priorities

Part A: Strategic priorities

In 2025–26, Oral Health Victoria will contribute to the Strategic Plan 2023–27 by agreeing to the following priorities:

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

- Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.
- Address service access issues and equity of health outcomes for rural and regional people, including more support for primary, community, home-based, and virtual care services.
- Reduce low value care and duplication to achieve better outcomes for people and improved safety and quality.

OHV deliverables	Annual results
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.	Project finalised for the development of a Consumer engagement and Co-Design Framework and practical Implementation Toolkit. • Consumer Membership: • Oral Health Clinical Council • RDHM Safety and Quality committee • Working groups: Smile Squad, Early Years Model, and Homelessness Project Consumer engagement project progressed for the development of consumer-facing clinical information material from RDHM.
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.	Our Complaints and Incident Management Systems, processes, and procedures align with the requirements of Safer Care Victoria and the Australian Commission of Safety and Quality in Healthcare. We have incorporated the requirements under the Statutory Duty of Candour. Consumer complaints, feedback and clinical incidents are reported to the RDHM Safety and Quality committee, our Executive team, and Board Safety and Quality committee.
In collaboration with the department, continue to reduce low value care through the ongoing review of item codes to incentivise prevention and early intervention, and decrease funding for low value care.	In 2026, we commenced the development of an Integrated Assessment Report incorporating a methodology for the assessment of value of care with criteria and parameters for the determination of high value and low value oral health care. This will assist in identifying incentives (including item code review) to increase delivery of high value care (prevention and early intervention).

OHV deliverables	Annual results
Continue the rollout of Smile Squad and specialised services to support rural and regional Victoria to access oral health care.	Between 1 January and 30 June 2026, 394 schools received Smile Squad services, and 40,906 students received clinical services. A total of 162,540 oral health packs were distributed to eligible students. In the period 1 January to 30 June 2026, there were 887 referrals for Smile Squad specialist services, and 554 students received specialist care. A total of 4,126 students have been referred for Smile Squad specialist services since the start of the specialist program and 2,598 students received care in a Smile Squad Regional Hub or at RDHM.

Prudent, sustainable, and effective use of resources

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

Goal

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

OHV deliverables	Annual results
Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	Key focus areas to improve efficiency and meet $0 budget action plan are underway. OHV continues to forecast a breakeven financial result.
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.	There are 7 projects identified for completion in FY26. These projects include the mapping of processes and data flows to identify areas for improvement, to improve operational performance and financial sustainability.
In collaboration with the department, contribute to National Dental Reform, including input to the development of funding frameworks, outcome measures, and funding models that support a shift to value-based health care to achieve system-wide funding reform.	We continue to work with the Department of Health and the National Dental Directors to provide data and recommendations to support National Dental reform with a focus on outcomes and funding for value.
Ongoing development and implementation of the strategy to increase the utilisation of the Child Dental Benefits Schedule to optimise all available funding sources and increase service capacity across the sector.	CDBS uptake continues to be monitored. We continue to share messaging with agencies on the importance of utilising Commonwealth Funding through CDBS. We commenced a pilot for the establishment of automated CDBS batch claiming out of EOHR.

A stronger workforce

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

Goals

- 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.

OHV deliverables	Annual results
Implement processes that improve employee experience across four initial focus areas—leadership, health and safety, flexibility, career development and agility—to ensure safe, high-quality care and compliance with Health Service obligations under the *Gender Equality Act 2020*.	LEAD program rollout continues with program finalisation and the last two full days of the program for 2026 to conclude in September. Several LEAD program participants have also joined the Parkville Precinct mentoring program. Psychosocial safety education programs were rolled out during Q4 at RDHM. The next OHV Gender Equality Plan actions were submitted during Q4 to the Gender Equality Commissioner.
Explore or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.	Commenced Phase 2 Emergency Services model of care at RDHM: Triage Pilot, with the aim of improving patient needs assessment and experience. The Model of Care will significantly enhance patient service delivery and uplift the capacity and capabilities of our clinical and client service delivery workforce. The RDHM radiology model of care was enhanced by the installation of chairside x-ray arms in Primary Care and Specialist areas. Point of care intra-oral imaging can now be provided by our Certificate 4 qualified Dental Assistants. The Graduate Dentist program, now in its fourth year, undertook its first collaboration with a rural community agency this year. Two graduates were placed on rotation with the agency, which has helped address their workforce shortage. Q4 evaluations have been positive: the agency has been able to meet its service targets, increase patient throughput, and reduce its waitlist at a faster pace than before. Dental Assistant Certificate III and IV qualifications, including application of fluoride varnish are continuing in community agencies to increase their clinical scope of practice and service delivery offerings for our Dental Assistant workforce cohorts. A total of 2,281 professionals, including midwives, Maternal and Child Health Nurses, school nurses and playgroup facilitators, were supported through training and capacity-building initiatives.
Continue with the implementation of the Workforce Culture and Engagement Strategy 2024 – 2027, with a focus on the novice workforce pipeline as outlined in the Smile Squad Accelerated Delivery Action Plan (ADAP).	Our third 'Your Say Can Shape Your Day' staff forum was completed in May 2026, with high levels of staff engagement. Staff feedback and input is used to inform key plans and projects for 2026. Our People Matter survey results featured a 67 per cent participation rate and overall sustainable engagement at 69 per cent, which is a 3-point increase from the previous survey results.

Improving Aboriginal health and wellbeing

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

Goals

- 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.

OHV deliverables	Annual results
Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	All new staff continue to be inducted in cultural awareness training as part of compulsory onboarding. In addition, any staff who are yet to complete all modules have been identified to ensure full completion rates are achieved for all 3 modules. A focus on RDHM completion rates is occurring to ensure full compliance.
Health services actively and regularly engage with Aboriginal community-controlled organisations (ACCOs) or Aboriginal leaders in local catchments about the health and wellbeing needs of the community.	We continue to work with ACCOs to explore barriers for Aboriginal students to access care in Smile Squad and identify enablers to increase awareness of, and participation in, Smile Squad. In March 2026, we completed the first co-design workshop with children and parents/carers from the Gippsland and East Gippsland regions to inform culturally responsive approaches to oral health promotion and service delivery. We continue to explore co-design options with ACCOs and areas where there are high numbers of Aboriginal students in Smile Squad eligible schools. Information from consumer engagement will be used to review and update communication and promotional materials.
Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Patients are provided an opportunity to identify as Aboriginal and/or Torres Strait Islander on registration. Staff are provided with Asking the Question training which was launched in the second half of 2024. A post-implementation survey found patients felt comfortable with the identification process. The RDHM Aboriginal Liaison Service provides culturally responsive support to Aboriginal and Torres Strait Islander patients throughout their care journey. The service is now located in a dedicated ground floor office, featuring Aboriginal artwork and culturally identifiable window graphics to enhance visibility and accessibility for patients and families.
Continue roll out of Aboriginal Health Practitioner-led Fluoride Varnish program in participating Aboriginal Community Controlled Health Organisations (ACCHOs).	OHV continues to engage with ACCOs (Bendigo & District Aboriginal Co-operative, Mallee District Aboriginal Service, Njernda, Ramahyuck) to implement models within their communities. The second, final milestone payments have been paid. Implementation and sustainability challenges have been identified, and we are working with VACCHO to develop options for sustainable implementation of the program.

Continue with the implementation of OHV's Reconciliation Action Plan (RAP).	Quarter 4 actions are almost all completed as per workplan. A full RAP update was tabled for consideration with agreement on a RAP rollover and extension request for 12 months and specialist resourcing to design a new RAP is now occurring.

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. Through interoperable digital platforms, we create a seamlessly connected, data-driven ecosystem that ensures a unified, high-quality, and sustainable care experience for all Victorians.

Goals

- Collaborate with other organisations and health services within the LHSN to enhance integration through coordinated planning, service design, and robust clinical governance. This partnership aims to ensure seamless, sustainable healthcare delivery pathways while fostering deep sector collaboration.

OHV deliverables	Annual results
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).	All Statement of Expectations milestones were met by the Parkville LHSN (as varied by agreement with the Department of Health). In 2025-26, the Parkville LHSN successfully established its governance and leadership structures, executed its foundational documents (a Memorandum of Understanding and an IP and Data Sharing Agreement), developed its inaugural strategy (Strategy 2025-2028), commenced work on its Network Clinical Services Plan, delivered a workforce plan, established its Safer Together Program, progressed work on several shared services, and delivered all other milestones set out in the Statement of Expectations.
Partner with Aboriginal Controlled Community Health Organisations with community dental services to achieve and sustain better oral health outcomes and deliver culturally appropriate oral health promotion resources.	Healthy Families, Healthy Smiles (coordinated through our Population Health team) delivered Little Koorie Smiles training to 4 staff at Goolum Goolum delivering playgroups in Horsham and Stawell. Community engagement, education, and oral health packs were delivered to Dame Phyllis Frost Centre and the First Peoples Health and Wellbeing Expo at Glenroy Community Hub. We consumer-tested oral health resources - Little Koorie Smiles flipchart and kit - through consultation with Koorie-specific and mainstream Supported Playgroup facilitators.

OHV deliverables	Annual results
Continue implementation of the Oral Cancer Screening and Prevention Program, including the rollout of oral cancer education and training for non-oral health professionals, such as general practitioners.	A total of 184 oral health professionals completed the Oral Cancer Learning Hub training. 130 general practitioners completed the CPD-accredited National GP Oral Cancer Learning Module. A vaping module for oral health practitioners was developed, pilot tested and is now being finalised for launch. We assessed the oral cancer screening practices of OHPs via a survey with 504 responses received. Data analysis is complete and will be submitted for publication. A quick sheet on oral cancer screening and referral for GPs was completed and launched on OHV websites and promoted via newsletters and social media. Peer reviewed publication: Kangutkar T, Saraswat N, Patel K, Khismatrao B. Improving health literacy on betel nut and oral cancer: a qualitative exploration of resource adaptation for diverse Victorian communities. Health Educ Res. 2026 Mar 31;41(4) Project commenced in partnership with The University of Melbourne and Cancer Council Vic (VCR): AI-Assisted Derivation of Registry-Based Tumour Staging for Oral Cancers in Victoria – ethics received. In collaboration with the Australian Centre for Integrated Oral Health (ACIOH), ethics commenced on a project to enhance nurses' knowledge and confidence in oral cancer screening and integrate accredited training into existing CPD for nurses. A student project (Betel quid cessation in Indonesian, Karen, and other refugee communities in Bendigo) has commenced in collaboration with La Trobe University. Ethics received.

Part B: Performance priorities

High quality and safe care

Key performance measure	Target	Actual (Q4)
Infection prevention and control		
Percentage of healthcare workers immunised for influenza.	94%	**99%**
Patient experience		
Patient satisfaction at the Royal Dental Hospital of Melbourne, as measured by the Patient Reported Experience Measure Survey (PREMS).	85%	**93.1%**

Strong governance, leadership, and culture

Key performance measure	Target	Actual (Q4)
Organisation culture		
People Matter survey – percentage of staff with an overall positive response to safety culture survey questions.	80%	**86%***

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

Timely access to care

Key performance measure	Target	Actual (Q4)
Emergency Care		
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours.	90%	**93.7%**
Percentage of Dental Emergency Triage Category 2 clients treated within 7 days.	80%	**91.8%**
Percentage of Dental Emergency Triage Category 3 clients treated within 14 days.	75%	**93.4%**
General and Denture Care		
Number of hospital-initiated postponements per 100 scheduled appointments.	3	**4.4**
Waiting time for prosthodontics, endodontic, and orthodontics specialist services patients (months).	15	**7.69**
Waiting time for other dental specialist services patients (months).	9	**4.89**
Waiting time for general care (months).	23	**14.9**
Waiting time for denture care (months).	22	**11.4**
Waiting time for priority denture care (months).	3	**2.7**
Activity		
Total number of individuals treated. [1, 2]	365,000	**280,045**
Priority and emergency clients treated. [1, 2]	273,800	**213,638**
Dental Weighted Activity Units (DWAUs). [1, 2]	351,488	**351,356**

[1] Targets reflect additional activity to be delivered under the proposed *Federation Funding Agreement – Schedule on Public Dental Services for Adults.*
[2] Targets exclude services provided via the *Child Dental Benefits Schedule.*

Oral health promotion

Key performance measure	Target	Actual (Q4)
Children participating in Smiles 4 Miles	60,000	**53,552** (2025 calendar year)

School dental program

Key performance measures	Target	Actual (Q4)
Schools visited by Smile Squad (annual by December). [4]	575	**394**
Students examined by Smile Squad (annual by December). [4]	69,300	**40,119**
Students receiving treatment by Smile Squad (annual by December). [4]	20,800	**8,863**

[4] School Dental Program targets align with Budget Paper No. 3 *Service Delivery*. Additional negotiated deliverables are in accordance with agreed arrangements. Forecast to meet calendar year targets by December.

Effective financial management

Key performance measures	Target	Actual (Q4)
Operating result ($)	0.00	**0.01**
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	**0.95**
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	**6.9% reduction in revenue, offset by 7.1% reduction in expenditure**

Financial overview

The OHV operating result for the financial year was a surplus of $9k. Depreciation expenses of $13.1 million and the purchase of dental equipment on behalf of agencies ($0.5 million) exceeded capital grants received during the year of $13.5 million, including credit loss and Long Service Leave revaluation adjustments of $0.2m, provides a net entity result of $69k deficit.

Total revenue decreased by $8.9 million (3.1% decrease on previous year) largely attributed to lower than anticipated activity across the state in comparison to previous financial years. Total expenditure decreased by $11.8 million on the previous year, predominantly due to a decrease in payments to agencies for activities delivered and fewer vouchers issued and redeemed for the first half of the year. There was also an overall reduction in spend for other operating activities.

Cash and cash equivalents increased by $3.5 million due to a reduction of cash outflow used in operating activities. The total equity decreased by $69k as a result of the entity deficit for the year. The key operational and financial objectives at OHV are documented in the Statement of Priorities 2025-26.

Detailed financial statements are available at the end of this report.

Summary of financial results	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Total Revenue	280,424	289,391	255,483	269,299	210,998
Total Expenses	(280,629)	(292,425)	(261,645)	(271,492)	(212,350)
Other economic flows included in the Net Result	136	(192)	(176)	(542)	309
Net Result for the Year	(69)	(3,226)	(6,338)	(2,735)	(1,043)
Operating Result*	9	47	492	(125)	(48)
Total Assets	230,456	233,542	259,961	257,330	270,058
Total Liabilities	83, 133	86,150	109,343	124,506	141,821
Net Assets	147,323	147,392	150,618	132,824	128,237
Total Equity	147,323	147,392	150,618	132,824	128,237

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

Details of Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2025–26 is $6.245 million (excluding GST) with the details shown below.

Business As Usual (BAU) ICT expenditure	
Total (excluding GST)	$5,029,321
Non-Business as Usual (non-BAU) ICT expenditure	
(Total Operational expenditure and Capital Expenditure) (excluding GST) (a)+(b)	$1,215,227
Operational expenditure (excluding GST) (a)	
Total	$277,832
Capital expenditure (excluding GST) (b)	
Total	$937,394

Consultancies

Details of consultancies (under $10,000)

In 2025-26, there were 20 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies was $103,118 (excl. GST).

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

In 2025-26, there were 17 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 was $626,681 (excl. GST). Details of individual consultancies can be viewed at ohv.org.au

Disclosure index

The annual report of Oral Health Victoria 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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Reporting obligations under the *Safe Patient Care Act 2015*		Nil return
Reporting of compliance regarding Car Parking fees		N/A
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Glossary

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



Oral Health Victoria

ABN: 55 264 981 997

ohv.org.au

Oral Health Victoria

Oral Health Victoria

Financial Statements

30 June 2026

ORAL HEALTH VICTORIA

Oral Health Victoria (OHV) has presented its audited general purpose financial statements for the financial year ended 30 June 2026 in the following structure to provide users with the information about OHV's stewardship of the resources entrusted to it.

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Oral Health Victoria

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, present fairly the financial transactions during the year ended 30 June 2026 and the financial position of Oral Health Victoria 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 27 August 2026.

David Stevenson
Board Chair

Carlton
27 August 2026

Susan McKee
Chief Executive Officer

Carlton
27 August 2026

Karen O'Duil
Chief Financial Officer

Carlton
27 August 2026

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Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Oral Health Victoria

Opinion	I have audited the financial report of Oral Health Victoria (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 applicable Australian Accounting Standards – Simplified Disclosures.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (and 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.

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
2 September 2026

ORAL HEALTH VICTORIA
Comprehensive Operating Statement
For the financial year ended 30 June 2026

	Note	Total 2026 $'000	Total 2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	**2.1(a)**	236,641	243,615
Government grants	**2.1(b)**	40,442	40,560
Other sources of income	**2.1(c)**	1,153	1,274
Non-operating activities		2,188	3,942
Total revenue and income from transactions		**280,424**	**289,391**
Expenses from transactions			
Employee expenses	**3.1(a)**	(65,114)	(64,613)
Supplies and consumables	**3.1(c)**	(179,202)	(190,069)
Depreciation and amortisation	**4.1(a), 4.2**	(13,128)	(12,031)
Other operating expenses	**3.1(d)**	(23,185)	(25,712)
Total expenses from transactions		**(280,629)**	**(292,425)**
Net result from transactions - net operating balance		**(205)**	**(3,034)**
Other economic flows included in net result			
Net (loss)/gain on sale of non-financial assets		(52)	76
Net loss on financial instruments		(108)	(328)
Net gain from revaluation of long service liability		296	60
Total other economic flows included in net result		**136**	**(192)**
Net result		**(69)**	**(3,226)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	-
Total other comprehensive income		**-**	**-**
Comprehensive result		**(69)**	**(3,226)**

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

ORAL HEALTH VICTORIA
Balance Sheet
As at 30 June 2026

	Note	Total 2026 $'000	Total 2025 $'000
Financial assets			
Cash and cash equivalents	**6.2**	62,545	59,092
Receivables	**5.1**	5,429	4,741
Contract assets	**5.2**	160	315
Total financial assets		**68,134**	**64,148**
Non-financial assets			
Prepayments		1,539	1,150
Inventories	**5.4**	602	300
Property, plant and equipment	**4.1**	154,991	163,820
Intangible assets	**4.2**	5,190	4,124
Total non-financial assets		**162,322**	**169,394**
Total assets		**230,456**	**233,542**
Liabilities			
Payables	**5.5**	38,301	54,924
Contract liabilities	**5.6**	27,154	13,951
Borrowings	**6.1**	1,443	1,757
Employee benefits	**3.1(b)**	16,235	15,518
Total liabilities		**83,133**	**86,150**
Net assets		**147,323**	**147,392**
Equity			
Reserves		138,566	138,566
Contributed capital		50,885	50,885
Accumulated deficit		(42,128)	(42,059)
Total equity		**147,323**	**147,392**

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

ORAL HEALTH VICTORIA
Cash Flow Statement
For the financial year ended 30 June 2026

	Note	Total 2026 $'000	Total 2025 $'000
Cash flows from operating activities			
Operating grants from State Government		234,547	225,036
Operating grants from Commonwealth Government		24,800	24,800
Capital grants from State Government		3,719	5,582
Patient fees received		4,879	4,940
Donations and bequests received		-	39
GST received from ATO		12,987	12,879
Interest income received		2,207	3,955
Other receipts		8,701	7,447
Total receipts		**291,840**	**284,678**
Payments to employees		(62,722)	(63,438)
Payments for supplies and consumables		(5,652)	(5,814)
GST paid to ATO		(1,011)	(686)
Grant payments to other Health Services and Community Agencies		(177,275)	(192,794)
Purchase of inventories for resale		(20,464)	(15,384)
Other payments		(15,532)	(19,859)
Total payments		**(282,656)**	**(297,975)**
Net cash flows from/(used in) operating activities		**9,184**	**(13,297)**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		(52)	76
Purchase of non-financial assets		(3,531)	(12,108)
Purchase of intangible assets		(1,834)	(1,242)
Net cash flows (used in) investing activities		**(5,417)**	**(13,274)**
Cash flows from financing activities			
Repayment borrowings and principal portion of lease liabilities		(314)	(45)
Net cash flows (used in) financing activities		**(314)**	**(45)**
Net increase/(decrease) in cash and cash equivalents held		**3,453**	**(26,616)**
Cash and cash equivalents at beginning of financial year		**59,092**	**85,708**
Cash and cash equivalents at end of financial year	**6.2**	**62,545**	**59,092**

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

ORAL HEALTH VICTORIA
Statement of Changes in Equity
For the financial year ended 30 June 2026

	Property, plant & equipment revaluation surplus $'000	Contributed capital $'000	Accumulated deficits $'000	Total $'000
Balance at 1 July 2024	**138,566**	**50,885**	**(38,833)**	**150,618**
Net result for the year	-	-	(3,226)	(3,226)
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2025	**138,566**	**50,885**	**(42,059)**	**147,392**
Net result for the year	-	-	(69)	(69)
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2026	**138,566**	**50,885**	**(42,128)**	**147,323**

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

Structure

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

Note 1: About this Report

These financial statements represent the audited general purpose financial statements for Oral Health Victoria (OHV) for the year ended 30 June 2026.

OHV is a not-for-profit entity established as a public agency in 1996 under the *Health Services Act 1998 (Vic)* . A description of the nature of OHV's 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).

OHV is a Tier 2 entity in accordance with FRD 101. These financial statements are prepared in accordance with Australian Accounting Standards – Simplified Disclosures. As OHV is not a 'significant entity' as defined in FRD 101, it has elected to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

These general purpose financial statements have been prepared in accordance with the *Financial Management Act 1994* 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 OHV.

Note 1.1 Basis of preparation (continued)

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

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

The annual financial statements were authorised for issue by the Board of OHV on 27th August 2026.

Note 1.2 Material accounting estimates and judgements

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

Revisions to 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 1.3 Reporting Entity

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

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

Note 1.4 Economic dependency

OHV 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. OHV provides essential services and is predominately dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the Federation Funding Agreement (FFA). The State of Victoria plans to continue OHV operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2: Funding delivery of our services

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

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

Structure
2.1 *Revenue and income from transactions*

Note 2.1 Revenue and income from transactions

	Note	Total 2026 $'000	Total 2025 $'000
Revenue from contracts with customers	2.1(a)	236,641	243,615
Government grants	2.1(b)	40,442	40,560
Other sources of income	2.1(c)	1,153	1,274
		278,236	**285,449**

Note 2.1(a) Revenue from contracts with customers

	Total 2026 $'000	Total 2025 $'000
Government grants (State) - Operating	201,185	212,511
Government grants (Commonwealth) - Operating	22,572	19,273
Patient fees	4,889	5,002
Commercial activities	7,995	6,829
Total revenue from contracts with customers	**236,641**	**243,615**

How we recognise revenue from contracts with customers

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 OHV’s goods or services. OHV 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.

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

This policy applies to each of OHV's revenue streams, with information detailed below relating to OHV's material revenue streams:

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

Patient Fees

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

Commercial activities

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

- Customers obtain control of goods at a point in time when the goods are delivered to and have been accepted at their premises.
- Revenue from rendering of services is recognised at a point in time when the performance obligation is satisfied through the completion of the service; and over time when the customer simultaneously receives and consumes the services as it is provided.
- Historically, refund obligations were not material.
- Consideration received in advance of recognising the associated revenue from the customer is recorded as a contract liability (Note 5.6). Where the performance obligations are satisfied but not yet billed, a contract asset is recorded (Note 5.2).

Note 2.1(b) Government grants

	Note	Total 2026 $'000	Total 2025 $'000
Government grants (State) - Operating		26,994	27,240
Government grants (State) - Capital		13,448	13,320
Total other sources of income		**40,442**	**40,560**

How we recognise other sources of income

Government grants

OHV 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 OHV has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, OHV 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 *Revenue from Contracts with Customers*
- a lease liability in accordance with AASB 16 *Leases*
- a financial instrument, in accordance with AASB 9 *Financial Instruments*
- a provision, in accordance with AASB 137 *Provisions, Contingent Liabilities and Contingent Assets.*

Capital grants

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

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

Note 2.1(c) Other sources of income

	Note	Total 2026 $'000	Total 2025 $'000
Assets received free of charge or for nominal consideration	2.1(d)	1,134	1,254
Other income from operating activities		19	20
Total other sources of income		**1,153**	**1,274**

Other income from operating activities

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

Note 2.1(d) Fair value of assets and services received free of charge or for nominal consideration

	Total 2026 $'000	Total 2025 $'000
Cash and capital donations	-	39
Personal Protective Equipment (PPE) from Health Share Victoria	-	193
Non-cash revenue from DH - Insurance	385	406
Non-cash revenue from DH - Long Service Leave	749	616
Total fair value of assets and services received free of charge or for nominal consideration	**1,134**	**1,254**

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

Donations and bequests

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

Personal protective equipment

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

The general principles of the State Supply Arrangement were that HealthShare Victoria sourced, secured and agreed terms for the purchase of the PPE products, funded by the Department of Health, while Monash Health took delivery, and distributed an allocation of the products to OHV as resources provided free of charge. HealthShare Victoria and Monash Health were acting as an agent of the Department of Health under this arrangement.

Non-cash contributions from the Department of Health

The Department of Health (DH) makes some payments on behalf of OHV as follows:

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

Note 3: The cost of delivering our services

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

Structure
3.1 *Expenses incurred in the delivery of services*

Note 3.1 Expenses incurred in the delivery of services

	Note	Total 2026 $'000	Total 2025 $'000
Employee expenses	3.1(a)	65,114	64,613
Supplies and consumables	3.1(c)	179,202	190,069
		244,316	**254,682**

Note 3.1(a) Employee expenses

	Total 2026 $'000	Total 2025 $'000
Salaries and wages	58,355	57,864
Superannuation expense [(1)]	6,386	6,129
Agency expenses	373	620
Total employee expenses	**65,114**	**64,613**

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

How we recognise employee expenses

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

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

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. OHV does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead OHV 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

	Total 2026 $'000	Total 2025 $'000
Current provisions for employee benefits		
Accrued days off	263	325
Annual leave	4,254	4,245
Long service leave	8,070	7,763
Provision for on-costs	1,880	1,481
Total current provisions for employee benefits	**14,467**	**13,814**
Non-current provisions for employee benefits		
Long service leave	1,586	1,524
Provision for on-costs	182	180
Total non-current provisions for employee benefits	**1,768**	**1,704**
Total provisions for employee benefits	**16,235**	**15,518**

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 Comprehensive Operating Statement as sick leave 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 OHV 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 – OHV expects to wholly settle within 12 months and/or
- present value – if OHV does not expect to wholly settle within 12 months.

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

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 OHV does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:
- nominal value – if OHV expects to wholly settle within 12 months and/or
- present value – if OHV 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.

Provision for on-costs

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

	Total 2026 $'000	Total 2025 $'000
Drug supplies	379	340
Medical and surgical supplies	5,261	5,462
Grants to other health services and community agencies [(i)]	173,562	184,267
Total supplies and consumables	**179,202**	**190,069**

(i) Grants to other health services and community agencies includes the impact of vouchers (see Note 5.5) which are also recorded as Government grants (State) - Operating (see Note 2.1) with a nil impact on the net result.

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

	Total 2026 $'000	Total 2025 $'000
Medical indemnity and motor vehicle insurance	385	406
Fuel, light, power and water	1,261	1,387
Repairs and maintenance	806	971
Maintenance contracts including preventative maintenance	572	579
Computer expenses	4,822	4,303
Cleaning and laundry expenses	1,359	1,425
Consultancy expenses	690	423
Outsourced expenses	2,496	2,463
Motor vehicle expenses	949	824
Expenses related to commercial activities	4,515	3,463
Other administrative expenses	4,679	4,713
Low value lease expenses	38	48
Assets provided free of charge	-	193
Specific expenses	534	4,370
Finance costs	79	144
Total other operating expenses	**23,185**	**25,712**

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.

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

Specific expenses
These are amounts paid for the purchase of dental equipment on behalf of external dental agencies. OHV receives funding from DH to provide dental equipment to external dental agencies. This funding is recognised as specific income in the year it is received. Specific expenses are recognised once dental equipment is provided to the agencies.

Finance costs
Interest expense includes the interest component of lease repayments and is recognised in the period in which it is incurred.

Note 4: Key assets to support service delivery

OHV 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 OHV 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 & equipment*
4.2 *Intangible assets*
4.3 *Depreciation and amortisation*

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026	2025	2026	2025	2026	2025
	$'000	$'000	$'000	$'000	$'000	$'000
ROU Land at fair value	32,242	32,242	(3,670)	(3,028)	28,572	29,214
Buildings at fair value	85,519	85,519	(10,194)	(5,090)	75,325	80,429
Works in progress at cost	198	8,929	-	-	198	8,929
Leasehold Improvements	32,543	22,871	(5,545)	(2,556)	26,998	20,316
Plant and Equipment	1,139	1,153	(947)	(904)	192	250
Medical Equipment	20,550	18,392	(10,275)	(8,558)	10,275	9,834
Computers and Communication	3,110	2,773	(2,751)	(2,491)	359	282
Furniture and Fittings	198	182	(149)	(124)	49	57
Motor Vehicles	21,802	21,862	(8,779)	(7,352)	13,023	14,509
Total property, plant and equipment	**197,301**	**193,923**	**(42,310)**	**(30,103)**	**154,991**	**163,820**

Note 4.1 Property, plant and equipment (continued)

How we recognise property, plant and equipment

Initial recognition

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.

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

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

Subsequent measurement

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

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

	Land[(i)] $'000	Buildings $'000	Works in progress $'000	Leasehold Improvements $'000	Plant & Equipment $'000	Medical Equipment $'000	Computers & Comm Equipment $'000	Furniture & Fittings $'000	Motor Vehicles $'000	Total $'000
Balance at 1 July 2025	**29,214**	**80,429**	**8,929**	**20,316**	**250**	**9,834**	**282**	**57**	**14,509**	**163,820**
Additions	-	-	-	2,570	-	730	204	16	79	3,599
Disposals	-	-	-	-	-	-	-	-	(68)	(68)
Revaluation increments/(decrements)	-	-	-	-	-	-	-	-	-	-
Net transfers between classes	-	-	(8,731)	7,102	-	1,496	133	-	-	-
Depreciation	(642)	(5,104)	-	(2,990)	(58)	(1,785)	(260)	(24)	(1,497)	(12,360)
Balance at 30 June 2026	**28,572**	**75,325**	**198**	**26,998**	**192**	**10,275**	**359**	**49**	**13,023**	**154,991**

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, OHV 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 ealier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with OHV's revaluation cycle.

(i) Land held as right-of-use has been revalued upwards of $5.37m since 2019 which has not been disclosed in the financial statements as it is reported at a consolidated level by DH.

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	2025	2026	2025	2026	2025
	$'000	$'000	$'000	$'000	$'000	$'000
Land[(i)]	32,242	32,242	(3,670)	(3,028)	28,572	29,214
Buildings[(i)]	117,043	107,371	(15,398)	(7,482)	101,645	99,889
Motor Vehicles[(i)]	2,916	2,928	(1,889)	(1,614)	1,027	1,314
Total right-of-use assets	**152,201**	**142,541**	**(20,957)**	**(12,124)**	**131,244**	**130,417**

	Land	Buildings	Motor Vehicles	Total
	$'000	$'000	$'000	$'000
Balance at 1 July 2025	**29,214**	**99,889**	**1,314**	**130,417**
Additions	-	9,672	79	9,751
Disposals	-	-	(68)	(68)
Depreciation	(642)	(7,916)	(298)	(8,856)
Balance at 30 June 2026	**28,572**	**101,645**	**1,027**	**131,244**

(i) As a result of the amendment to FRD 104 Leases, effective for reporting periods ending on or after 30 June 2026, right-of-use assets are measured using the cost model for the 2026 reporting period. Comparative information for the 2025 reporting period has not been restated and continues to be reported at the previously determined fair value. Refer to Note 7.3 for further information.

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

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

Right-of-use assets are subsequently measured at cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

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

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of OHV, 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.

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

Note 4.2 Intangible assets

	Computer software 2026 $'000	Total 2026 $'000
Gross carrying amount		
Opening balance	8,810	8,810
Additions	1,834	1,834
Closing balance	**10,644**	**10,644**
Accumulated amortisation and impairment		
Opening balance	(4,686)	(4,686)
Amortisation	(768)	(768)
Closing balance	**(5,454)**	**(5,454)**
Net carrying value at the end of the financial year	**5,190**	**5,190**

How we recognise intangible assets

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

Initial recognition

Purchased intangible assets are initially recognised at cost.

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

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

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

Subsequent measurement

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

Impairment

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

Note 4.3 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Leasehold improvement		
- Structure shell building fabric	5 to 25 years	8 to 25 years
- Site engineering services and central plant	5 to 25 years	8 to 25 years
Central plant		
- Fit out	7 years	7 years
- Trunk reticulated building systems	11 years	11 years
Relocatable buildings	2 to 10 years	2 to 10 years
Building improvements	5 to 25 years	8 to 25 years
Plant and equipment	3 to 20 years	5 to 20 years
Medical equipment	3 to 20 years	3 to 15 years
Computers and communication	3 to 5 years	3 to 5 years
Furniture and fittings	5 to 10 years	5 years
Motor vehicles	3 to 20 years	3 to 15 years
Right of Use - Land & Buildings	30 to 80 years	30 to 80 years
Right of Use - Buildings	11 to 40 years	11 to 40 years
Right of Use - Motor Vehicles	3 to 5 years	5 years

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

Note 5: Other assets and liabilities

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

Structure

5.1 *Receivables*
5.2 *Contract assets*
5.3 *Impairment of financial assets*
5.4 *Inventories*
5.5 *Payables*
5.6 *Contract liabilities*

Note 5.1 Receivables

	Note	Total 2026 $'000	Total 2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		173	372
Trade debtors		901	551
Patient fees		281	271
Allowance for impairment losses	5.3	(161)	(141)
Accrued interest income		-	19
Total contractual receivables		1,194	1,072
Statutory			
GST receivable [(i)(ii)]		1,140	1,106
Total statutory receivables		1,140	1,106
Total current receivables		**2,334**	**2,178**
Non-current receivables			
Contractual			
Long service leave - Department of Health		3,095	2,563
Total non-current receivables		**3,095**	**2,563**
Total receivables [(i)]		**5,429**	**4,741**
[(i)] Financial assets classified as receivables			
Total receivables		5,429	4,741
GST receivable		(1,140)	(1,106)
Total financial assets classified as receivables	7.1	**4,289**	**3,635**

[(ii)] This represents the net amount of GST recoverable from the ATO.

Note 5.1 Receivables (continued)

How we recognise receivables

Receivables consist of:

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

- **Statutory receivables**, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes. OHV applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Note 5.2 Contract assets

	Total 2026 $'000	Total 2025 $'000
Current		
Contract assets	160	315
Total current contract assets	160	315
Total contract assets	**160**	**315**

How we recognise contract assets

Contract assets relate to OHV'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 Impairment of financial assets

	Note	Total 2026 $'000	Total 2025 $'000
Impairment loss on contractual receivables			
From transactions	5.1	(161)	(141)
		(161)	**(141)**

How we recognise impairment of financial assets

OHV records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's expected credit loss approach. OHV's contractual receivables and statutory receivables are subject to this impairment assessment. Contract assets recognised are also subject to the impairment requirement of AASB 9, however contract assets are immaterial.

OHV applies the simplified approach, which requires the loss allowances to always be measured at an amount equal to lifetime expected credit losses. The loss allowance is based on assumptions about risk of default and expected loss rates.

Contractual receivables at amortised cost
OHV has grouped contractual receivables on shared credit risk characteristics and days past due and has selected the expected credit loss rate based on OHV's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

The expected credit loss rates applied at 30 June 2026 vary from 0.34% for contractual receivables that are current to 34.48% for contractual receivables that are more than 90 days past due (30 June 2025: from 0.26% to 71%).

Statutory receivables at amortised cost
The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months of expected credit losses. No loss allowance has been recognised.

Note 5.4 Inventories

	Total 2026 $'000	Total 2025 $'000
Current inventories		
Supplies and consumables [(i)]	602	300
Total inventories	**602**	**300**

[(i)] *Inventories comprises of Medical & Surgical lines, as well as Engineering stores.*

How we recognise inventories

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

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

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

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

Note 5.5 Payables

	Note	Total 2026 $'000	Total 2025 $'000
Current payables			
Contractual			
Trade creditors		2,664	2,353
Accrued wages and salaries		2,924	1,545
Accrued expenses		2,254	2,680
Deferred capital grant income [(i)]	5.5(a)	7,391	21,558
Amounts payable to government and agencies [(ii)]		23,068	26,781
Total contractual payables		38,301	54,917
Statutory			
FBT Payable [(i)]		-	7
Total statutory payables		-	7
Total current payables		**38,301**	**54,924**
Total payables		**38,301**	**54,924**
[(i)] Financial liabilities classified as payables			
Total payables		38,301	54,924
Deferred grant income		(7,391)	(21,558)
FBT payable		-	(7)
Total financial liabilities classified as payables	7.1	**30,910**	**33,359**

(ii) At 30 June 2025 OHV recognised $11.1million of outstanding vouchers provided to patients for treatment based on expiry by voucher type being 30 or 90 days. The balance at 30 June 2026 was $5.26 million.

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 OHV prior to the end of the financial year that are unpaid.

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

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

Note 5.5(a) Movement in deferred capital grant income

	Total 2026 $'000	Total 2025 $'000
Opening balance of deferred capital grant income	21,558	29,296
Grant consideration for capital works received during the year	3,956	4,391
Deferred capital grant income recognised as income due to completion of capital works	(18,123)	(12,129)
Closing balance of deferred capital grant income	**7,391**	**21,558**

How we recognise deferred capital grant income

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

Note 5.6 Contract liabilities

	Total 2026 $'000	Total 2025 $'000
Current		
Contract liabilities	27,154	13,951
Total current contract liabilities	27,154	13,951
Total contract liabilities	**27,154**	**13,951**

How we recognise contract liabilities

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

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

Note 6: How we finance our operations

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

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

Structure
6.1 *Borrowings*
6.2 *Cash and cash equivalents*
6.3 *Commitments for expenditure*

Note 6.1: Borrowings

	Note	Total 2026 $'000	Total 2025 $'000
Current borrowings			
Lease liability	6.1(a)	352	325
Total current borrowings		**352**	**325**
Non-current borrowings			
Lease liability	6.1(a)	1,091	1,432
Total non-current borrowings		**1,091**	**1,432**
Total borrowings	7.1	**1,443**	**1,757**

How we recognise borrowings

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

Note 6.1: Borrowings (continued)

Terms and conditions of borrowings

Consolidated 30 June 2026	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Maturity Dates: Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Lease liabilities	6.1	4.56%	1,443	1,564	35	69	311	1,142	7
Total Financial Liabilities			**1,443**	**1,564**	**35**	**69**	**311**	**1,142**	**7**

Consolidated 30 June 2025	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Maturity Dates: Less than 1 Month $'000	1-3 Months $'000	3 months - 1 Year $'000	1-5 Years $'000	Over 5 years $'000
Lease liabilities	6.1	4.49%	1,757	1,948	34	67	301	1,539	7
Total Financial Liabilities			**1,757**	**1,948**	**34**	**67**	**301**	**1,539**	**7**

Note 6.1: Borrowings (continued)

6.1 (a) Lease liabilities

OHV's lease liabilities are summarised below:

	Total 2026 $'000	Total 2025 $'000
Current lease liabilities		
Lease liability	352	325
Total current lease liabilities	352	325
Non-current lease liabilities		
Lease liability	1,091	1,432
Total non-current lease liabilities	1,091	1,432
Total lease liabilities	**1,443**	**1,757**

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

	Total 2026 $'000	Total 2025 $'000
Not later than one year	415	402
Later than one year and not later than five years	1,142	1,539
Longer than five years	7	7
Minimum future lease liability	**1,564**	**1,948**
Less unexpired finance expenses	(121)	(191)
Present value of lease liability	**1,443**	**1,757**

How we recognise lease liabilities

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

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

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

OHV's lease arrangements consist of the following:

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

Note 6.1: Borrowings (continued)

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

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

	Total 2026 $'000	Total 2025 $'000
Expenses relating to leases of low-value assets	38	48
Total amounts recognised as expense	**38**	**48**

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or OHV's incremental borrowing rate. Our lease liability has been discounted by rates of between 1.25% and 6.0%. The average weighted interest rate is 4.56% as at 30 June 2026.

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

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

Subsequent measurement

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

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

Note 6.1: Borrowings (continued)

Leases with significantly below market terms and conditions

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

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

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

Note 6.2: Cash and cash equivalents

	Note	Total 2026 $'000	Total 2025 $'000
Cash on Hand		5	10
Cash at Bank - Central Banking System		62,540	59,082
Total cash and cash equivalents	7.1	**62,545**	**59,092**

How we recognise cash and cash equivalents

Cash and cash equivalents recognised on the Balance Sheet comprise of cash on hand and cash at bank. OHV's bank accounts are held in the Central Banking System under the Standing Directions 2018.

Note 6.3 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1 - 5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	635	365	-	1,000
Operating expenditure commitments	8,559	2,570	118	11,247
Total commitments (inclusive of GST)	**9,194**	**2,935**	**118**	**12,247**
Less GST recoverable				(1,113)
Total commitments (exclusive of GST)				**11,134**

30 June 2025	Less than 1 year $'000	1 - 5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	2,373	1,255	-	3,628
Operating expenditure commitments	6,719	4,553	24	11,296
Total commitments (inclusive of GST)	**9,092**	**5,808**	**24**	**14,924**
Less GST recoverable				(1,353)
Total commitments (exclusive of GST)				**13,571**

How we disclose our commitments

Our commitments relate to expenditure and short term and low value leases.

Expenditure commitments

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

Short term and low value leases

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

Note 7: Financial instruments, contingencies & valuation judgements

OHV 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 OHV 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 from 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 OHV's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation* .

30 June 2026	Note	Carrying amount $'000	Net gain/ (loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense)	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.2	62,545	-	2,188	-	-
Receivables	5.1	4,289	-	-	-	-
Total financial assets [(i)]		**66,834**	**-**	**2,188**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.5	30,910	-	-	-	-
Borrowings	6.1	1,443	-	-	-	-
Total financial liabilities [(i)]		**32,353**	**-**	**-**	**-**	**-**

30 June 2025	Note	Carrying amount $'000	Net gain/ (loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense)	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.2	59,092	-	3,942	-	-
Receivables	5.1	3,635	-	-	-	-
Total financial assets [(i)]		**62,727**	**-**	**3,942**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.5	33,359	-	-	-	-
Borrowings	6.1	1,757	-	-	-	-
Total financial liabilities [(i)]		**35,116**	**-**	**-**	**-**	**-**

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

Note 7.1: Financial instruments (continued)

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 OHV 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.

OHV recognises the following assets in this category:

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired, or
- OHV 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
- OHV 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 OHV has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of OHV's continuing involvement in the asset.

Note 7.1: Financial instruments (continued)

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 the 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.

OHV recognises the following liabilities in this category:
- payables (excluding statutory payables and contract liabilities)
- borrowings, and
- other liabilities

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2: Contingent assets and contingent liabilities

Details of financial estimates for contingent assets or contingent liabilities are included in the following table:

	Total 2026 $'000	Total 2025 $'000
Contingent assets		
Quantifiable		
Guarantees and indemnities	148	392
Total quantifiable contingent assets	**148**	**392**

	Total 2026 $'000	Total 2025 $'000
Contingent liabilities		
Quantifiable		
Guarantees and indemnities	-	-
Total quantifiable contingent liabilities	**-**	**-**

How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet but are disclosed and, if quantifiable, are measured at nominal value.

Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of OHV.

These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of OHV, or
- present obligations that arise from past events but are not recognised because:
  - It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations, or
  - the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

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:

- Property, plant and equipment, with the exception of right-of-use assets arising under AASB 16, which are measured using the cost model
- Right-of-use assets

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

Valuation hierarchy

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

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

OHV 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.

OHV 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 OHV's independent valuation agency for property, plant and equipment.

Note 7.3: Fair value determination (continued)

Fair value determination: non-financial physical assets

AASB 2010-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 Fair Value Measurement by adding Appendix F Australian Implementation Guidance for Not-for-Profit Public Sector Entities. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable to 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 OHV'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, OHV 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, OHV considers the current use as its highest and best use.

Specialised land and specialised buildings

The market approach is 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 OHV, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Vehicles

OHV 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 OHV who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Note 7.3: Fair value determination (continued)

Plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset Class	Expected fair value level	Valuation technique	Significant assumption (Level 3 only)[(i)]
Specialised land **Right of use - land**	Level 3	Market approach	- Community Service Obligations (CSO) adjustments[(i)]
Specialised buildings **Right of use - buildings**	Level 3	Depreciated replacement cost approach	- Cost per square metre - Useful life
Plant and equipment	Level 3	Depreciated replacement cost approach	- Cost per unit - Useful life
Vehicles	Level 2 & 3	Market and depreciated replacement cost approach	- Cost per unit - Useful life

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

Note 8: Other disclosures

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

Structure

8.1 *Ex-gratia expenses*
8.2 *Responsible persons disclosures*
8.3 *Remuneration of executives*
8.4 *Related parties*
8.5 *Remuneration of auditors*
8.6 *Events occurring after the balance sheet date*

Note 8.1: Ex-gratia expenses

	Total 2026 $'000	Total 2025 $'000
OHV has made the following ex-gratia expenses:		
Compensation for economic loss	3	10
Total ex-gratia expenses	**3**	**10**

Includes ex-gratia for both individual items and in aggregate that are greater than or equal to $5,000.

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

Note 8.2: Responsible persons disclosures

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

	Period	
Responsible ministers:		
The Honourable Mary-Anne Thomas MP		
Minister for Health	1-Jul-2025	15-Apr-2026
The Honourable Harriet Shing MP		
Minister for Health	15-Apr-2026	30-Jun-2026
Governing Board		
David Stevenson (Chair)	1-Jul-2025	30-Jun-2026
Antony Tobin	1-Jul-2025	30-Jun-2026
Susan Banks	1-Jul-2025	30-Jun-2026
Leanne Fary	1-Jul-2025	30-Apr-2026
	1-Jun-2026	30-Jun-2026
Candice Charles	1-Jul-2025	30-Jun-2026
Charles Power	1-Jul-2025	30-Jun-2026
Nicole Bartholomeusz	1-Jul-2025	30-Jun-2026
Katherine Stevens	1-Jul-2025	30-Jun-2026
Catherene Pham	1-Jul-2025	30-Jun-2026
Accountable officer		
Susan McKee (Chief Executive Officer)	1-Jul-2025	30-Jun-2026

Remuneration of responsible persons

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

Income band	**2026 No.**	**2025 No.**
$20,000 - $29,999	8	1
$30,000 - $39,999	-	7
$60,000 - $69,999	1	1
$420,000 - $429,999	-	1
$450,000 - $459,999	1	-
Total numbers	**10**	**10**

	2026 $'000	**2025 $'000**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**743**	**729**

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

Note 8.3: Remuneration of executives

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

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

Remuneration of executive officers
(including Key Management Personnel disclosed in Note 8.4)

	Total Remuneration	
	2026	**2025**
	$'000	**$'000**
Total remuneration [(i)]	**1,747**	**2,053**
Total number of executives	5	8
Total annualised employee equivalent [(ii)]	5.00	6.58

Notes:
(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of OHV under AASB 124 Related Party Disclosures and are also reported within Note 8.4 Related Parties.
(ii) Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

Note 8.4: Related parties

OHV is a wholly owned and controlled entity of the State of Victoria. Related parties of OHV include:

- all key management personnel and their close family members;
- cabinet ministers and their close family members; and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

OHV received funding from government related entities of $263.6 m (2025: $244.0 m).

Expenses incurred by OHV in delivering services are in accordance with HealthShare Victoria requirements.

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

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

Key management personnel

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

The Board of Directors and the Executive Directors of OHV are deemed to be KMPs. This includes the following:

Entity	Key Management Personnel	Position title
Oral Health Victoria	David Stevenson	Chair of the Board
Oral Health Victoria	Antony Tobin	Board member
Oral Health Victoria	Susan Banks	Board member
Oral Health Victoria	Leanne Fary	Board member
Oral Health Victoria	Candice Charles	Board member
Oral Health Victoria	Charles Power	Board member
Oral Health Victoria	Nicole Bartholomeusz	Board member
Oral Health Victoria	Katherine Stevens	Board member
Oral Health Victoria	Catherene Pham	Board member
Oral Health Victoria	Susan McKee	Chief Executive Officer
Oral Health Victoria	Karen O'Duil	Chief Financial Officer
Oral Health Victoria	Nuno Goncalves	Chief Information Officer
Oral Health Victoria	Mark Sullivan	Chief Operating Officer
Oral Health Victoria	Werner Bischof	Chief Oral Health Advisor
Oral Health Victoria	Zemeel Saba	Chief People and Culture Officer

Note 8.4: Related parties (continued)

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.

	Total 2026 $'000	Total 2025 $'000
Total compensation - KMPs [(i)]	**2,490**	**2,781**

(i) KMPs are also reported in Note 8.2 Responsible Persons or Note 8.3 Remuneration of Executives.

Transactions with KMPs and other related parties

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

During the year, OHV had transaction expenses with the following government-related entities:

Agency [(i)]	Total 2026 $'000	Total 2025 $'000
Bendigo Health	6,169	6,495
Ballarat Health Services (Grampians Health)	6,949	7,062
Peninsula Health	7,803	7,202
Barwon Health	8,786	10,332
Monash Health	14,399	13,662
Other Transactions [(ii)]	29,526	31,038
Total	**73,632**	**75,791**

(i) The above transactions relate to dental grants provided to government-related entities.

(ii) Other transactions relates to dental grants to 20 other agencies, where transactions with each agency is below $5 million.

Note 8.4: Related parties (continued)

The following KMPs are also KMPs of other agencies that are funded by OHV.

Entity	Key Management Personnel	Position Title
Cohealth Ltd	Nicole Bartholomeusz	Chief Executive Officer
DPV Health	Mark Sullivan	Director
EACH	Candice Charles	Director

Other than as disclosed above, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

Aggregated disclosure note

During the year, related parties of key management personnel were provided dental grants on terms and conditions equivalent for those that prevail in arm's length transactions under the State's procurement process. The transactions involved the provision of grants to treat eligible patients in their catchment areas with an aggregated value of $31.7million (2025: $21.2m) (including GST).

Note 8.5: Remuneration of auditors

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

Note 8.6: Events occurring after the balance sheet date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of OHV, the results of the operations or the state of affairs of OHV in future financial years.

Oral Health Victoria

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