

2025-26
East Wimmera Health Service

ANNUAL REPORT

Cultivating Healthy Communities

Annual Report Statement

The 2025-26 East Wimmera Health Service (EWHS) Annual Report 2026 will be presented for adoption at the Annual General Meeting to be held on a date to be advised.

The following report is a legal document prepared in accordance with the Financial Management Act 1994 and the Department of Health Annual Reporting Guidelines – Health Services 2025-26.

Manner Of Establishment

EWHS was established under Section 64A of the Health Services Act 1988 with the amalgamation, on 1 July 1999, of the former EWHS (Donald and St Arnaud) with Birchip Bush Nursing Hospital, Charlton Bush Nursing Hospital and the Wycheproof and District Health Service. EWHS is so named because of its location on the extreme east of the Wimmera Plains.

EWHS provides care to people who reside in the townships and districts of Birchip, Charlton, Donald, St Arnaud and Wycheproof.

Responsible Ministers

The responsible Ministers during the reporting period were:

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

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

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

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

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

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Acknowledgements

EWHS recognises the Indigenous Communities that first inhabited this catchment area: Dja Dja Wurrung, Barengi Gadjin, and Jaara Jaara Communities.
Auditors: Auditor General Victoria
Agent: RSD Audit
Banker: Commonwealth Bank of Australia, Westpac Banking Corporation and Australia and New Zealand Banking Group Limited.

Honorary Solicitors: N/A
Current Life Governors: Mr Ray Walker, Mrs Margery Townrow, Mr John Richmond, Mr Peter Cummins, Mr Peter Ferrier, Mr Leigh Hardingham, Mrs Nola Wright, Mr Leo Tellefson, Mr Ken Round and Ms Angela Liston.

Correspondence

The Chief Executive Officer
East Wimmera Health Service
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The annual report of the EWHS 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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Our EPIC Values

Excellence

We aim high, adapt with purpose, and take pride in improving health outcomes



Compassion

We lead with empathy, showing compassion, kindness, and supporting wellbeing in every interaction

Partnership

We build trust and achieve better health outcomes by collaborating across teams, with our community and partners

Integrity

We act with respect, trust, honesty, fairness and accountability

Inclusion

We embrace difference, elevate diverse voices, and create a strong sense of belonging

Message from the Chair and Chief Executive Officer

CHAIR AND CHIEF EXECUTIVE'S REPORT AS AT 30 JUNE 2026

It is a pleasure to once again present a joint report from the Board Chair and Chief Executive, reflecting the mutual aims of the Board of Directors and the Executive Team to deliver on EWHS's Vision and Strategic Pillars, as established in our Strategic Plan.

We take this opportunity to thank all Board Directors for their collaborative approach and commitment to the strategic leadership of our Health Service. As Chair, I am very grateful for their support and their shared vision of connected, accessible and quality care for our community.

We would like to acknowledge the ongoing work of the entire EWHS team for their ability, and willingness, to respond in a period where resilience and commitment are regularly tested in the delivery of high-quality care and services. Our team continues to go above and beyond to ensure local communities receive access to care and services despite the impact of workforce challenges.

The leadership group, despite these ongoing challenges, have continued to pursue ongoing improvement and expansion of services and the team have been effective in reducing the recent reliance on agency staff. The provision of staff accommodation has become a major priority for the health service.

Strategic Plan

The EWHS Board has guided the development of a new Strategic Plan for the period 2026-2028, reflecting input from communities and staff. The Board will continue to review strategic actions to ensure the objectives of the plan are achieved. The plan identifies priority areas for investment, strengthens ties with our communities and our people, and reinforces our commitment to working in partnership to design care that improves health outcomes. The plan is available from the EWHS website at www.ewhs.org.au.

EWHS has continued to focus on Primary Care services to widen the range of locally available services, to improve the consumer experience with our community–based services, along with the integration of our teams and our integration with General Practice. This has accompanied the embedding of our delivery of home support services in Buloke Shire. We continue to work with our partners to develop models of care that include Nurse Practitioners and trainee medical staff. The coming year will see the health service accept a stronger role in the governance of medical services in our region.





Other initiatives of note include:

- The appointment of a new Director of Operations
- The appointment of a Primary Care Project Lead
- Continuing to seek an RVTS Registrar for St Arnaud
- Navigating significant policy change relating to a new Aged Care Act, Strengthened Aged Care Standards and the commencement of Local Health Service Networks
- Responding to increasing cyber risk and to the emergence of Artificial Intelligence (AI) use.

In line with the Asset Management Plan, EWHS completed a number of infrastructure improvement projects during 2025-26:

- The purchase of three new buses for use with Health Service programs.
- Commencement of fire services upgrades, including switchboard upgrades, at Donald, St Arnaud and Wycheproof Campuses.
- Completion of staff accommodation project at Wycheproof Campus.
- Planned IT infrastructure upgrades across all sites.
- Preparation of a community hub in St Arnaud – opening early in the 2026-27 year.

Financial Stewardship

EWHS remains a responsible steward of public funds. We are efficient and productive with our funding to deliver best value for money. This year with the support of the Victorian Government through the Victorian Department of Health and with the Commonwealth Government, we continue to deliver financial improvement and sustainability to ensure we remain a relevant and valued presence in our communities, delivering a clear and sensible health message.

Our relationship with our regional health sector colleagues remains extremely important. Victorian healthcare is rapidly becoming a more cohesive system via the commencement of Local Health Service Networks (LHSNs). These regional networks undertake collaborative planning and shared delivery of services. Sharing experiences, gaining knowledge and contributing to a broader network than our local catchment area alone helps us to provide first class health services to our communities.

EWHS is part of the Grampians Local Health Service network. There is recognition that EWHS has patient flows into the Loddon Mallee Health Service Network and EWHS will continue to work with our Loddon Mallee partners to ensure the best pathways for our communities. The preparation of a regional clinical services plan has been the priority focus through the year with completion expected later in 2027.

We particularly wish to recognise our strong relationships with our local First Nations communities, the Grampians Local Health Service Network, Loddon Mallee Local Health Service Network, Buloke Loddon Gannawarra Health Leadership Network, Buloke and Northern Grampians Shires, Grampians Rural Health Alliance (Information Technology), Murray Primary Health Network, WestVic Primary Health Network, Ambulance Victoria, Royal Flying Doctor Service, our Department of Health colleagues in both the Grampians and Loddon- Mallee regions along with head office, local schools and community groups such as Men's Sheds, Community Gardens and Service clubs.

Volunteers

We have continued to work with our valued volunteer team and we recognise and thank those who volunteer their time in various ways in community and Aged Care settings. Your contributions are highly important for our communities.

Feedback

Feedback is very important in identifying opportunities to improve our service so we encourage feedback via several means. We provide hardcopy feedback forms at our five sites, via our web page or call us directly.

Environmental Sustainability

We continue to seek ways to reduce our greenhouse gas emissions and our energy usage. This includes implementing solar projects and transitioning to more efficient resource practices.

Fundraising

We would like to recognise the significant support of the fundraising groups that provide vital support to EWHS. These groups are prolific and hardworking and provide direct support for the five Health Service campuses. We strive to maintain strong relationships with our support groups to ensure the care environments at EWHS meet the needs of our recipients.

EWHS has tax deductibility status from the Australian Taxation Office for donations over $2.00. Each donation really does make a difference.

Thank-you

The most important people in our community are those who have placed their trust in us, either by receiving care, by working with us as part of our paid and volunteer workforce or as members of our auxiliaries and fundraising groups or by actively participating in service planning consultation. Each individual is important, contributing in a unique way to the fabric of our Health Service. Our commitment to you all is to continue to seek ways to improve your health and wellbeing, provide a safe environment and to deliver quality care.



Kylie Thitchener
Chair



Trevor Adem
Chief Executive

Responsible Bodies Declaration

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



Kylie Thitchener
Chair, Board of Directors
East Wimmera Health Service
21/09/2026

Board of Directors

The nine member Board of Directors oversees the management and is responsible for the governance of EWHS. The Board ensures that the health services provided comply with the Health Services Act 1988, and the mission and vision of EWHS. Directors of the Board serve an initial two or three-year term and are eligible to renominate at the conclusion of each term. The Board has established a committee structure to aid in the management and governance of services to ensure they are community and patient focussed.

Name	Date First Appointed	Term Expires	Profession/Occupation	Representative on Health Service Committees
Simone Christie	01.07.2017	30.06.2026	Manager Birchip Neighbourhood House Partner in Family Farm Enterprise	Quality & Clinical Risk Committee Medical Staff Group Committee
Julianne Clift	01.07.2018	30.06.2027 Resigned December 2025	Executive Director of Nursing and Midwifery (retired)	Quality & Clinical Risk Committee
Kylie Thitchener	01.07.2021	30.06.2027	Director of Quality & Patient Safety at Peter MacCallum Cancer Centre The Australian Quadriplegic Association - Board Director	Board Chair Remuneration Committee Quality & Clinical Risk Committee Finance, Audit & Risk Committee
Philip Sabien	01.07.2022	30.06.2028	Service Planning & Improvement Advisor at Grampians Health Director - Community AXIS Enterprises Inc. Deputy Chair - Grampians Community Health Business & Community member - Wimmera Southern Mallee Regional Partnerships	First Deputy Chair Finance, Audit & Risk Committee Remuneration Committee
Deidre Missingham	01.07.2022	30.06.2028	Consulting Principal, Keypoint Law - expert in the fields of privacy, data protection and cyber, information governance and technology	Second Deputy Chair Finance, Audit & Risk Committee Remuneration Committee
Ross McKenzie	01.07.2023	30.06.2026	Director Centre for Health Analytics, Royal Children's Hospital	Finance, Audit & Risk Committee Remuneration Committee
Carolyn Stewart	01.07.2023	30.06.2026	Director and Company Secretary for family farm Director and Secretary for the Rex Theatre Museum Ltd Casual Classroom Teacher	Finance, Audit & Risk Committee St Arnaud Hospital & District Foundation
Steven Price	01.07.2024	30.06.2027	Lived Experience stream lead at Neami National	Quality & Clinical Risk Committee

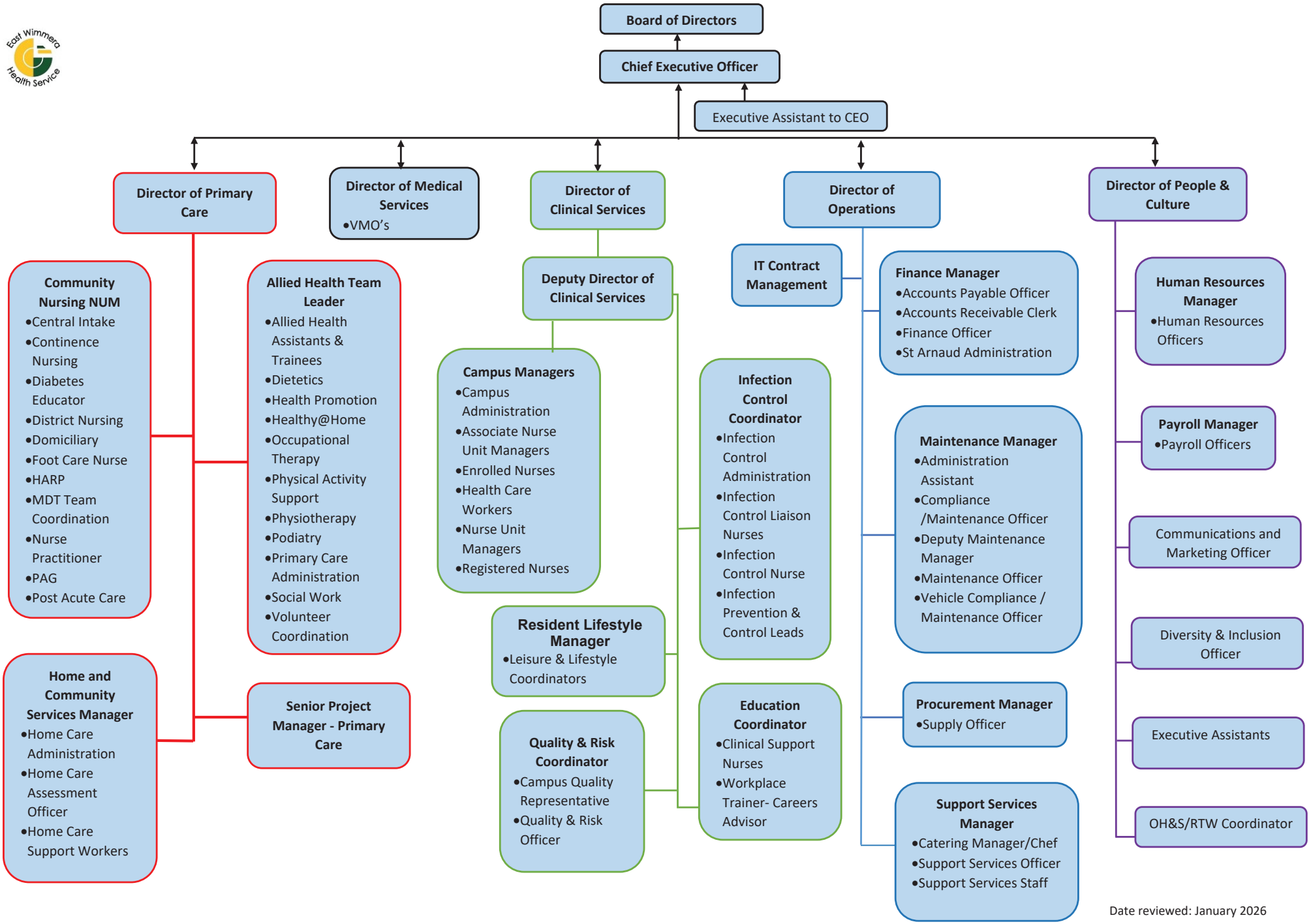
Nola Tudball	01.07.2024	30.06.2027	Experienced director and management consultant in the health and community sectors	Quality & Clinical Risk Committee

Independent Member for the EWHS Finance, Audit & Risk Committee

The EWHS Finance, Audit & Risk Committee will be made of a minimum of three Board Directors and one Independent member. Peter Knights is the nominated Independent member based on his financial accounting and auditing knowledge

Name	Position	Area of Responsibility
Trevor Adem	**Chief Executive Officer**	The Chief Executive Officer is the highest-ranking executive in the organisation, and their primary responsibilities include making major corporate decisions, managing the overall operations and resources of the EWHS, and acting as the main point of communication between the Board of Directors and Health Services operations.
Yvonne Wrigglesworth	**Director of Operations**	The primary purpose of the Director of Operations is to: Provide strategic leadership, oversight and support for the corporate operations of the Health Service through the Management team. The role has accountability and responsibility for the effective performance of the Finance, Support Services, Maintenance and Procurement teams along with oversight of the performance of the third-party IT Support provider.
Courtney Yates	**Director of Clinical Services**	In collaboration with the Chief Executive Officer (CEO) and Executive colleagues, the Director of Clinical Services will ensure the delivery of responsive, flexible, cost-effective services that are reflective of the organisation's values, mission and strategic plan. The position has a key clinical governance responsibility supporting patient safety, contemporary clinical practice and comprehensive accreditation compliance.
Geoffrey Lord	**Director of People and Culture**	The Director of People and Culture is responsible and accountable for developing strategies that support EWHS's quality goal to ensure our staff are appropriately equipped to deliver a positive health experience at the point of care for every person every time.
Meghan Noonan **Nicholas Palmer**	**Director of Primary Care** **Acting Director of Primary Care**	The Director of Primary Care develops Community Health Service strategies that support the organisations quality goal to ensure the Community Health staff are appropriately equipped to deliver a positive health experience at the point of care for every person every time.
Md Rafiqul Islam	**Director of Medical Services**	The Director of Medical Services is responsible for credentialing of medical staff, clinical safety and quality for medical services and continuing education for medical officers. The Director of Medical Services supports and contributes to clinical governance at EWHS and the coordination of the visiting medical officer team.

East Wimmera Health Service Organisational Structure



Date reviewed: January 2026

Strategic Priority One: Access & Equity

Access to care across the lifespan, equity of service provision, population health, service navigation, mental health and wellbeing and community trust.

Primary Health	People can access comprehensive, culturally responsive primary health care earlier and closer to home (nurse practitioner), improving long-term health outcomes.	EWHS has purchased equipment and trained three staff in Dermoscopy to implement "Skin Squad" a locally established and managed skin screening service integrated with General Practice.
Improve health system navigation across the lifespan	People are empowered to navigate the health system confidently, leading to faster access and reduced missed care.	EWHS has employed a Community Engagement Officer as part of the establishment of a "shop front" model of service delivery, designed to assist consumer navigation for a range of services.
Consumer/stakeholder engagement	Services reflect the lived experience of the community, increasing trust, relevance and uptake.	EWHS conducted consumer and stakeholder engagement in the development of the 2025-2028 Strategic Plan and in preparation for our successful funding bid to the Commonwealth to implement the Thin Markets Primary Care project.
Better links with community providers and other local agencies	Health and wellbeing are supported through coordinated, whole-of-community approaches.	EWHS works in a coordinated way through: • Partnering through the Buloke, Loddon and Gannawarra Health Executive Network • Community Health and Well Being Plans • Grampians and Loddon Mallee Local Health Service Networks

Strategic Objective Two: Integrated, Safe and High-Quality Care

Integrated service delivery, system coordination, partnerships with GPs and community providers, safety systems, clinical governance and service improvement.

Telehealth	Telehealth becomes a trusted, accessible care modality that complements in-person services.	Telehealth, specifically the Victorian Virtual Emergency Department service is extensively utilised in Urgent Care and Residential Aged Care and supported by policy and procedure.
Connected care	Clients experience seamless transitions between services and fewer gaps in care.	EWHS successfully attracted Commonwealth funding to commence a Primary Care integration project that will deliver co-location of Primary Care services supported by a revised multidisciplinary model of care.

Strategic Objective Three: Workforce and culture

Workforce sustainability, recruitment and retention, clinical training, internal culture, leadership development and staff wellbeing.

Build workforce pipelines and capability	The organisation attracts, grows and retains a skilled and future-ready workforce.	EWHS strategic workforce plans identify future demand and assists the team to plan recruitment and training programs. EWHS turnover rate remains low at 1.92%.
Staff wellness	Staff feel valued, supported and mentally healthy, improving engagement and retention.	Staff break room areas have been redeveloped at two sites to enhance physical surroundings. An EWHS staff representative group collaborates on responses to People Matter Survey outcomes.
Culture	A positive, people-first culture strengthens collaboration and pride in the organisation.	EWHS measures from People Matter Survey of employee engagement index (72%) and Inclusion index (72%) are both above public sector average.
Research	Research strengthens evidence-based care and positions the service as a leader in rural innovation.	EWHS sponsors a PhD position currently focused on the dual role that staff experience as both health care workers and consumers in small rural communities. The establishment of an employed Director of Medical Services position at EWHS has resulted in enhanced research opportunities. EWHS is exploring research projects with a number of tertiary institutions.

Strategic Objective Four: Sustainability and Infrastructure

Future-fit infrastructure	The infrastructure is aligned to community needs and enables high-quality, modern care.	EWHS has implemented a strategic infrastructure roadmap to prioritise future capital investment and grant applications in a panned approach.

Statement of Priorities

In 2025-26 EWHS worked to support the following statewide healthcare priorities. The annual agreements support the delivery of, or substantial progress towards, the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

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	Deliverables	Outcomes
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	EWHS planning is guided by consumer and stakeholder input. In 2025-26 consumers participated on the EWHS Consumer Quality Advisory Board for Aged Care, on the Consumer Partnerships Committee, as part of the EWHS Strategic Planning process and as part of the co-design for the EWHS Thin Markets Primary Care project.
	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.	To ensure EWHS reporting suite includes data and information that is transparent and fair, the reporting suite is aligned to the clinical governance framework and includes detail relating to: • Governance, Leadership and Culture • Consumer and Family Partnerships • Workforce Performance • Clinical Best Practice • Clinical Risk Management
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	As part of the clinical governance framework, EWHS has overlapping systems of training, risk management, patient safety and workforce performance where training needs are aligned with clinical risks and standards. Training and education completion rates are linked to performance management.

Prudent, sustainable and effective use of resources

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

Goals	Deliverables	Outcomes
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan (BAP) within Government parameters.	EWHS budget action plan consisted of a reduction in agency staff utilisation and an increase in residential aged care occupancy. Both were achieved in year one. The 2025-26 EWHS budget included current year increases in BAP targets that were also met.
	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.	EWHS reports monthly against a range of financial indicators to support both management and Board and is exploring the possibility of implementing a dedicated business analytics function. This may be independent or as part of the Local Health Service Network.
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	EWHS has shared workforce and contracts in a range of areas including payroll, supply and linen services. EWHS is the Chair of the Grampians Local Health Service Network – Shared Services Committee tasked with further exploration of opportunities to direct a larger proportion of funds to patient facing services.

A stronger workforce

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

Goals	Deliverables	Outcomes
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	Aligns with the majority of priorities in the EWHS strategic plan. EWHS has implemented processes for enhanced electronic support for recruitment, for utilising partnerships to aid recruitment and for housing to support people transitioning into the community. EWHS is meeting our obligations under the Gender Equality Act 2020. EWHS supports a range of scholarship opportunities for staff, leadership training, flexible work arrangements and secondment opportunities.
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	EWHS shares operational data with the Department of Health to assist high level analysis and in turn consults with the Department on strategic planning matters such as policy direction, funding priority and workforce trends.

Improving Aboriginal health and wellbeing

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

Goals	Deliverables	Outcomes
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	EWHS in conjunction with Grampians Health (GH) has investigated a range of providers with varying cost structures unaligned to target audiences Exec – General Staff.
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	EWHS have Aboriginal Community members as part of the EWHS Reconciliation Action Plan Committee (co-chaired by EWHS Directors), including, CEO and General Manager of Goolum Goolum Aboriginal Cooperative, which is an ACCHO, and Aboriginal Diabetes Educator member from Ballarat and District Aboriginal Cooperative, also an ACCHO.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Admission schedules seek this information – voluntarily. EWHS under MOU with Maryborough District Health Service (MDHS) have contracted two AHLOs to assist Aboriginal and Torres Strait Islander clients.

Moving from Competition to Collaboration

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

Goals	Deliverables	Outcomes
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations (SOE) across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	EWHS actively participates in the Grampians LHSN and all partners work in collaboration to address SoE deliverables that are reported collectively.
Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	Review specialist workforce requirements at a regional or sub-regional level and develop a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.	Founding member of the 'Connecting the Docs' project, resulting in review of specialist workforce requirements in General Practice and Nurse Practitioners at a regional level with a focus on recruitment, career development, resettlement and integration into communities.

General Services and Programs provided at all Campuses

- Urgent Care
- General Medical
- Residential Aged Care Services
- Domiciliary Nursing
- Post-Acute Care
- District Nursing
- Volunteer Visiting Program
- Diabetic Supply Scheme
- Visiting Drug and Alcohol Services
- Visiting Aged Care Assessment
- Visiting Palliative Care
- Planned Activity Group
- Hospital At Risk Program (HARP)
- Videoconferencing of Medical Consultations (Acute)
- Physical Activity Support
- Diabetes Educator
- Healthy@home
- Aboriginal Health Liaison Officer
- Health Promotion
- Social Work
- Podiatry
- Victorian Dental Voucher Scheme
- Physiotherapy
- Dietetics
- Occupational Therapy
- Graduate Nurse Program
- Royal Flying Doctors Service – Dental Screening Program and Ophthalmologist Service
- Videoconferencing of Medical Consultations (Aged Care)
- Needle and Syringe Program
- Home Services (Domestic Assistance, Personal Care, Delivered Meals, Home Maintenance - Buloke only)
- Community Continence Nurse
- Foot Care Nurse

Specialised Services and Programs

Birchip	Private Medical Practice co-located, Visiting Breast Screen Bus and Royal Flying Doctors - Optometrist Service, Visiting Dentist Royal Flying Doctors Service and Headspace.
Charlton	Private Medical Practice co-located, Private Ophthalmologist, Private Eye Clinic, Private Hearing Clinic, Private Cardiologist, Private Physiotherapist and Headspace. Visiting Mental Health Services.
Donald	Private Medical Practice co-located, Dialysis and Visiting Hearing Clinic and Headspace.
St Arnaud	Private Medical Practice off-site, Pathology, Community Car Program, Visiting Hearing Clinic, Visiting Breast Screen Bus and Private Podiatrist.
Wycheproof	Private Medical Practice co-located, Mental Health Service Royal Flying Doctors Service and Headspace.

High quality and safe care

Key Performance Measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	93%
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event.	All RCS reports submitted within 30 business days	100%
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	100%
Aboriginal Health *		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	0%

** Aboriginal Health*
Small Rural Health Service data is currently unavailable prior to 2025-26 for this indicator.

Strong governance, leadership and culture

Key Performance Measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	71%

Organisational Culture results update – SoP Part B

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.

Effective financial management

Key Performance Measure	Target	Result
Operating result ($m)	0.00	0.03
Adjusted current asset ratio (Variance between actual ACAR and target, including performance improvement over time or maintaining actual performance	0.7 or 3% improvement from health service base target	1.27%
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	Achieved

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

Activity and funding

Funding type	2025-26 Activity Achievement	Units
Small Rural		
Small Rural Acute	373	National Weighted Activity Unit
Aged Care		
Residential Aged Care Occupied Beddays	27,708	Beddays
HACC	3,153	Service Days
Primary Health		
Community Health/Primary Care Programs	2,946	Hours

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
OPERATING RESULT*	28	70	714	993	1,109
Total revenue	47,455	43,724	41,900	38,446	32,896
Total expenses	50,981	48,658	43,485	35,108	35,164
Net result from transactions	(3,526)	(4,934)	(1,585)	3,338	(2,268)
Total other economic flows	74	(147)	130	(43)	(150)
Net result	(3,452)	(5,081)	(1,455)	3,295	(2,418)
Total assets	97,836	98,937	104,286	78,629	78,010
Total liabilities	21,855	19,504	19,772	20,643	18,195
Net assets/Total equity	**75,981**	**79,433**	**84,514**	**57,986**	**59,815**

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

	2026	2025	2024	2023	2022
	$000	**$000**	**$000**	**$000**	**$000**
Operating result	28	70	714	993	1,109
Capital purpose income	3,428	2,132	2,168	1,353	1,431
Specific income	N/A	N/A	N/A	N/A	N/A
COVID 19 State Supply Arrangements Assets received free of charge or for nil consideration under the State Supply	N/A	20	56	147	452
State supply items consumed up to 30 June 2025	N/A	(20)	(56)	(147)	(452)
Assets provided free of charge	N/A	N/A	N/A	N/A	N/A
Assets received free of charge	N/A	N/A	N/A	N/A	N/A
Expenditure for capital purpose	(322)	(554)	(430)	(196)	(862)
Depreciation and amortisation	(6,660)	(6,582)	(4,037)	(3,936)	(4,096)
Impairment of non-financial assets	N/A	N/A	N/A	N/A	N/A
Finance costs (other)	N/A	N/A	N/A	N/A	N/A
Net result from transactions	**(3,526)**	**(4,934)**	**(1,585)**	**(1,786)**	**(2,268)**

Disclosure Of ICT Expenditure

The total Information Communications Technology (ICT) expenditure incurred during 2025-26 is $2.025 million (excluding GST) with the details shown below:

Business As Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	**Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)**	**Operational expenditure (excluding GST) (a)**	**Capital expenditure (excluding GST) (b)**
$1.559	$0.466	$0.452	$0.014

Result

For the 2025-26 financial year, EWHS has reported a net deficit including depreciation and capital revenue and expenses of $3.526M ($4.934M deficit 2024-25). The total comprehensive result, including other economic flows for the year is a deficit of $3.452M.

EWHS reported an operating surplus of $0.028M in 2025-26 ($0.070M Surplus in 2024-25).

Operating revenue grew by 4.2% to $41.472M in 2025-26 ($39.750M 2024/25).

This year continued to prove difficult in recruiting staff, particularly nursing staff, but the pressures eased as the year progressed, the majority of vacant nursing positions were filled by the end of the financial year. This has led to a reduction of $2.009M in nurse agency usage compared to the previous year, well over EWHS's Financial Management Improvement Plan target of reducing nurse agency costs by $0.5M.

Managing employee-related costs continues to be a focus of management, with industrial awards being renegotiated during 2025-26 increasing costs of staffing.

EWHS was not immune to the cost-of-living pressures with supplies and consumables increasing by 6.1% and Fuel, Light & Power increasing by 14.3%.

Projects

A focus on repairs & maintenance of EWHS facilities continued in 2025-26 with:

- refurbishment of staff tea rooms at both Donald and St Arnaud Campus
- refurbishment and upgrade of resident hair salons in Donald, Kara Court and Wycheproof
- creation of additional medical record storage area,
- painting of various health service areas
- installation of new floor coverings
- replacement of heat lamps in resident rooms
- removal of old air-conditioning units
- installation of Solar Battery and Panels at Medical Centre
- larger projects include the continuation of the Fire Hydrant Upgrade project at St Arnaud, Donald and Wycheproof campus (Regional Health Infrastructure Fund)
- further roll out of security swipe card access management across all campuses.

Acting CFO (TBC) Or Director of Operations?

Director of Clinical Services Report

The 2025–2026 financial year has been one of the most significant periods of reform and transformation for EWHS. Across our hospitals, urgent care services, community programs and residential aged care homes, our teams have embraced substantial legislative, regulatory and operational change while remaining steadfast in their commitment to delivering safe, compassionate and person-centred care.

The introduction of the new Aged Care Act and the Strengthened Aged Care Quality Standards has provided an opportunity to fundamentally reshape the way care is delivered across our organisation. Rather than viewing these reforms solely as compliance requirements, EWHS has embraced them as a catalyst for innovation, continuous improvement and the delivery of care that places residents, patients and families at the centre of every decision.

Throughout the year, significant investment has been made in strengthening clinical governance, enhancing workforce capability, modernising clinical systems and implementing innovative models of care that support positive experiences and improved outcomes across all service areas.

A defining achievement throughout the year has been the continued transformation of care delivery across EWHS. Guided by our commitment to providing a positive health experience and supporting residents to live well at EWHS, our organisation has continued to move beyond traditional models of care towards approaches that promote independence, dignity, choice and meaningful participation in everyday life.

This transformation has involved redesigning care processes, strengthening consumer partnerships and embedding person-centred principles throughout clinical practice. Staff across all campuses have embraced these changes, recognising that quality care extends beyond clinical treatment to supporting wellbeing, purpose, social connection and individual preferences.

These initiatives have established a strong foundation for future service development and position EWHS as a contemporary rural health service committed to delivering care that reflects the expectations of our communities and the evolving health and aged care sectors.

Residential Aged Care has undergone significant transformation throughout the year as EWHS prepared for implementation of the new Aged Care Act and the Strengthened Aged Care Quality Standards.

Extensive work has been undertaken to redesign clinical documentation, assessment processes, care planning systems and quality frameworks to better support person-centred care. These improvements ensure that residents' goals, preferences, strengths and quality of life are central to clinical decision-making while strengthening documentation and clinical oversight.

A major organisational initiative has been the implementation of the Living Well at EWHS project. This project reflects a fundamental shift from institutional models of care towards environments that encourage independence, meaningful engagement and a genuine sense of home. Residents are increasingly supported to participate in everyday activities including cooking, meal preparation, gardening, laundry and household tasks according to their interests and abilities. These opportunities promote independence, preserve existing skills and foster purpose, belonging and wellbeing.

Environmental improvements have also enhanced the lived experience of residents across our aged care homes. Memory Door installations, improved wayfinding systems and dementia-friendly environmental initiatives have created more familiar, supportive and welcoming spaces, particularly for residents living with dementia or cognitive impairment.

Further innovation has included the introduction of virtual reality technology and Thermomix programs within lifestyle services. These initiatives have expanded opportunities for social engagement, reminiscence, lifelong learning and meaningful activity, reinforcing our commitment to creating vibrant communities where residents are supported to live fulfilling lives.

Following comprehensive Dementia Australia environmental assessments across all residential aged care campuses, EWHS has also commenced the implementation of a long-term dementia-friendly environment roadmap. This work will continue over coming years and will further strengthen homelike environments, orientation, independence and quality of life for residents.

EWHS has continued to strengthen the delivery of safe, contemporary healthcare across hospital, urgent care and community health services.

Throughout the year, significant work has focused on strengthening clinical governance, reviewing clinical policies and procedures, implementing contemporary clinical care standards and enhancing evidence-based practice across all clinical services.

Clinical teams have remained committed to continuous improvement through participation in clinical audits, incident reviews, risk management activities and multidisciplinary quality improvement initiatives. These activities support ongoing evaluation of care delivery and ensure our services remain responsive to emerging risks, changing legislation and community needs.

Investment in infrastructure, digital health technologies and contemporary models of care has further strengthened our ability to deliver safe, accessible and person-centred healthcare across our rural communities.

Clinical governance remains the cornerstone of safe, high-quality care across EWHS.

Throughout the year considerable work has been undertaken to strengthen governance systems, quality assurance processes and organisational oversight. This has included comprehensive policy redevelopment, review of clinical procedures, strengthening risk management systems and implementation of continuous improvement initiatives across all service areas.

Key organisational priorities have included medication safety, falls prevention, pressure injury prevention, recognition and response to clinical deterioration, infection prevention and control, open disclosure, consumer engagement and continuous quality improvement.

EWHS also continued to strengthen medication governance through the implementation of enhanced medication management systems and safety technologies designed to support safer prescribing, administration, monitoring and clinical decision-making.

An important milestone during the year was the participation of all residential aged care campuses in external nurse advisor reviews in preparation for the implementation of the Strengthened Aged Care Quality Standards. These reviews recognised the compassionate and respectful care being delivered by our staff while identifying opportunities to further strengthen person-centred documentation, behaviour support planning and quality improvement processes. The findings have informed a comprehensive organisational improvement program that will continue throughout the coming year.

Our commitment to continuous improvement remains embedded throughout the organisation, with quality improvement initiatives, consumer feedback, incident review and clinical audit findings driving ongoing service enhancement.

Technology continues to transform the way healthcare is delivered across EWHS.

The strength of EWHS continues to be its people.

An important milestone during the year was the appointment of a Deputy Director of Clinical Services, who has quickly become an integral member of the clinical leadership team, providing strong operational leadership and supporting the implementation of significant organisational change across EWHS. Working collaboratively with the Director of Clinical Services, the deputy director has played a key role in translating strategic priorities into practical improvements across all campuses. Their leadership has supported staff through a period of substantial reform, helping to strengthen clinical governance, embed person-centred models of care, enhance workforce capability and foster a culture of continuous improvement.

Throughout the year, significant investment has been made in education, professional development and workforce capability to ensure staff remain well supported in delivering contemporary, evidence-based care.

Comprehensive education programs have supported implementation of the new Aged Care Act, Strengthened Aged Care Quality Standards, medication safety initiatives, digital health systems and evolving clinical practice requirements. These initiatives have strengthened staff confidence, capability and readiness to meet the changing needs of our residents and communities.

The ongoing commitment demonstrated by our workforce to learning, collaboration and continuous improvement reflects the strong culture that exists across EWHS and continues to underpin the delivery of safe, compassionate and high-quality care.

As EWHS moves into the 2026–2027 financial year, our focus will remain on embedding the significant reforms and innovations established during the past twelve months while continuing to strengthen the quality and sustainability of our services.

Key priorities include continued implementation of the Aged Care Act and Strengthened Aged Care Quality Standards, further development of contemporary models of care, ongoing enhancement of clinical governance systems, expansion of digital health technologies, workforce development and succession planning, and continued investment in creating homelike, dementia-friendly environments where residents can truly live well.

The year ahead will continue to bring opportunities for innovation, collaboration and service improvement. Through the dedication of our staff and our commitment to excellence, EWHS is well positioned to meet the evolving needs of our communities while continuing to deliver safe, compassionate and person-centred care across every stage of the healthcare journey.

I would like to sincerely thank every member of our clinical workforce for their professionalism, resilience and unwavering commitment throughout another year of significant change. Their compassion, expertise and dedication are the foundation of our success and ensure that the people of the East Wimmera continue to receive exceptional care close to home.

Courtney Yates
Director of Clinical Services

Director of People & Culture Report

EWHS recognises that employees are the greatest asset of the organisation. We are committed to providing a safe and healthy environment for all employees, consumers, visitors, volunteers, and contractors.

The last year has seen sustained demand on resources and our staff have performed admirably. Our teams have responded to the rapidly changing environment to provide ongoing safe and high-quality care whilst delivering support for our communities throughout ongoing and subsequent localised COVID-19 outbreaks and other events. Communities throughout our catchment have had access to testing and vaccination as rates of infection generally have declined.

EWHS has continued to strive for improved working environments and to continue to improve our skills and responsiveness to healthcare and related issues.

Workforce Performance Quality Committee

The Workforce Performance Committee (WPC) has had an ongoing focus on workplace safety in response to the challenges posed and on monitoring relevant workforce performance data. The Committee performed well in preparation for ongoing process (migration to OPTIMA Payroll system and SAP HR management system) accreditation audits, and responses to audits, ensuring areas of responsibility are addressed in a timely manner. In conjunction with Primary Care and Clinical Services personnel, significant preparation has occurred ahead of the New Aged Care Act and introduction of the Strengthened Aged Care Quality Standards. In 2026, EWHS launched the first in a series of short videos with the "First Language Welcome" greeting video. This is available on the EWHS Website and EWHS YouTube.

Workforce Data

EWHS confirm that all employees have been correctly classified in workforce data collections.

Equivalent Staff FTE (Full-Time Equivalent)

Hospital Labour Category	June Current Month FTE		Average Monthly FTE	
	2026	**2025**	**2026**	**2025**
Nursing	137	128	131	115
Admin and Clerical	41	38	40	38
Medical Support	1	2	1	2
Hotel and Allied Services	64	62	63	59
Medical Officers	0	1	0	1
Hospital Medical Officers	1	0	1	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	11	9	11	8
TOTAL	**255**	**240**	**247**	**223**

Education & Development

EWHS met our responsibilities in training through the Grampians Learning Hub training environment as well as many face-to-face events including the RESPECT@EWHS program. The team has responded well to the changing landscape to ensure staff are supported. Regular guest presenters have delivered a range of training events including Family Violence Awareness (Women's Health Grampians), NAIDOC Week (Ballarat and District Aboriginal Co-operative - Victorian Aboriginal Community Controlled Health Organisation) and Reconciliation Week events (Grampians Health), Dementia Training Australia, and OVA targeted training (Grampians Learning Hub and Crisis Prevention Institute) as well as wellbeing training through external trainers.

Grampians Learning Hub online training platform and the Education and Development Team ensure EWHS maintains high levels of engagement in compulsory and optional course/training offerings.

Reconciliation Action Plan

EWHS continues to engage and apply the actions of the EWHS Reflect Reconciliation Action Plan (RAP), with 35 of 40 actions achieved/completed to date. As we enter 2026/2027, EWHS RAP Committee is focusing on the next RAP through established relationships with local Victorian Aboriginal Community Controlled Health Organisations (VACCHO's), expanded membership with regional Elders and challenging ourselves to innovate.

Recent activities have included:

- Expanded Aboriginal Health Liaison Officer (AHLO) support through Maryborough District Health Service (MDHS) and attendance Reconciliation Week DJARA Gathering Maryborough 2025 & 2026
- Visits and meeting with Barengi Gadjin Land Council CEO, Goolum Goolum Aboriginal Co-op CEO, General Manager and Director Community Services (VACCHO)
- Annual NAIDOC Week presentation video linked all campuses
- Expanded RAP Committee membership - Auntie Faye Clarke confirmed May 2026

We have updated policy and procedure in relation to First Nations presenting patients and intake forms, engaged with local ACCHO's and Regional Health Services with membership on the EWHS RAP Committee.

EWHS completed the annual Reconciliation Australia (RA) RAP Impact Survey in September 2025, results of which contribute to the RA, released 26 May 2026, 2025 RAP Impact Report - Reconciliation Australia

Appointments, Partnerships, Committees and Working Groups

EWHS is engaged with Victorian Hospital's Industrial Association (VHIA) daily through Payroll and HR as well as regular Rural & Regional Group Industrial Relations Quarterly meeting/briefings, and VHIA issue specific daily meetings during Industrial Action periods.

Payroll and HR are actively engaged in platform transition in partnership with Grampians Rural Health Alliance (GRHA), to ensure continuity of service as aging platforms are retired and upgraded.

EWHS undertook the annual Victorian Public Sector Commission People Matter Survey (PMS), in September 2025, and March 2026. EWHS continues to hold regular "meet with the CEO" sessions at all campuses, and through People & Culture and the PMS Working Party, arranges significant event commemorations, including recognising staff through celebrating milestones and retirements. The PMS Working Party continues to promote *"You said We did"* PMS 2025-26 outcomes internally and externally through regular newsletters, social media, and the EWHS website, and promotes the benefits of a career with EWHS through good governance practices. PMS Working Group current core activities include the *application of the PMS26 Top 3 Core Action Focus Areas:*

- *Safety at Work*
- *No Tolerance to Bullying*
- *Eliminate Racism and Cultural Barriers*

EWHS Communications and Marketing Officer designs, collates, and produces the internal Weekly Staff Informer newsletter, monthly Community Newsletter, regular Primary Care specific communications and press releases along with multi-channel communications in website management, social media, and newsprint releases. Working closely with the CEO and Executive Assistants, Directors and Integrated Primary Care Project Manager, this position enables coordinated change and clear communications internally and externally.

Diversity & Inclusion Officer reporting to Director People & Culture is responsible for a broad range of policy, procedure, and endorsed plans, and training/ special events calendar including:

- Gender Inclusion Assessments (GIAs)
- Gender Equality Action Plan (GEAP) and Working Group
- Diversity Action Plan
- Disability Action Plan
- RAP and RAP Committee secretariat
- Multicultural acknowledgements and celebrations
- Victorian Gender Commissioner Biennial Reports successfully delivered to the Commissioner in December 2025 and May 2026.

EWHS is engaged with Loddon Mallee Health Network (LMHN), Grampians Local Health Service Network (GLHSN), Grampians Region Health Service Partnership, and Grampians Rural Health Alliance (GRHA) in a range of collaborative projects including:

- GLHSN Workforce Committee
- Grampians Region Health OH&S Committee
- GRHA Human Resources Management Information System (HRMIS) implementation and Payroll solution
- Loddon Mallee Health Network People & Culture Committee.

In this way EWHS ensures collaborative partnerships are engaged, actively maintained and are productive.

Staff Wellbeing and a Safe Workplace

Managed through HR and backed by EWHS Policies and Procedures, EWHS provide Employee Assistance Program through Converge International including free short term confidential and independent counselling or coaching, assistance with a broad range of work and personal issues, referral for extra support when needed, and urgent counselling available 24/7.

Regular monthly (day of week rotated) FUN Scrubs Casual - Dress Day has been introduced to great success across 2025-26.

In support of Clinical Services, Primary Care, and Support Services, HR in conjunction with Directors and Managers have worked hard over 2025-26 to source, replace and maintain the EWHS workforce. Attracting international, interstate, regional and local employees, EWHS workforce, which remains at 225 full time equivalent (FTE) employees, has been able to change the balance, reduce reliance on short term Agency support, and increase the workforce from 350 to 406 personnel to cover the 225 positions. Whilst remaining within budget, offering flexible working arrangements, and spreading the workload across a greater number of staff, has increased service offerings, service support options, and ensured continued continuity of service to the community.

OHS and Return to Work Co-ordinator manages EWHS personnel and assists with transition Return to Work Plans. Across 2025-26 six personnel successfully transitioned back to work through this short, medium and long term focussed service, with two personnel remaining on long term plans.

Dedicated Senior Project Manager drives EWHS Integrated Primary Care Project, is supported by all elements of the organisation and continues into 2026-27. With People and Culture involvement and leadership regarding the Promotional Video and Photographic Bank Project. Led by Communications and Marketing Officer and involving personnel from all campuses EWHS is working with a Bendigo based production company to create a series of promotional and themed videography items for use across all media platforms. *"Welcome to EWHS"* video is featured on EWHS website and other information channels.

EWHS has continued to place a focus on providing a safe workplace for all of our employees. EWHS has experienced a small change in the number of occupational violence incidents reported. EWHS continued to use improved "Unacceptable Behaviour Warning" notices and "Behavioural Contracts" when there is ongoing occupational violence towards our staff to great effect.

EWHS is prioritising a consistent and reliable approach to responding and investigating unacceptable behaviour and bullying in the workplace. We encourage reporting in order to facilitate a formal response, and we identify contact people at each campus to support the process.

EWHS embraces continuous improvement. We have made solid progress throughout 2025-26, we understand a culture of continuous improvement means ongoing effort to monitor, review, implement and improve. We embrace this constant state of flux as we hold both ourselves and each other to account against our revised new values: Excellence, Partnership, Inclusion, Integrity, and Compassion.

Geoffrey Lord
Director People & Culture

Director of Primary Care Report

Primary Care services play an increasingly crucial role in maintaining the health and wellbeing of rural communities, where access to healthcare is often limited and at times impacted by geographic and resource constraints. EWHS Primary Care is a significant pillar of our healthcare system, delivering locally available, holistic and consumer-focused services to the people in our communities.

Over the past year, we have prioritised improvements in service access and referral, as well as the scope, quality and responsiveness of our Primary Care services. Central to EWHS's focus and approach in these small, tight-knit rural communities, is ensuring consumers and their families trust the organisational brand and its people, as well as understand the full spectrum of health services available to them locally, or in nearby townships that EWHS also supports. Our committed team, many of whom also live in and are active community members themselves, include general and specialist nurses, allied health professionals, health promotion staff, planned activity group staff, home support workers and administrative personnel in various roles. Collectively, the EWHS Primary Care Team works diligently to address the varied care and support needs within our communities, at all times in line with EWHS's values of Excellence, Partnership, Inclusion, Integrity and Compassion.

Implementation of the new Aged Care Act in late 2025 and the associated release of the Strengthened Aged Care Quality Standards, marks a significant advancement in the quality and safety of care for older Australians. These aged care reforms emphasise person-centred care, greater transparency, and stronger accountability measures, ensuring that aged care services are more responsive to the diverse needs of seniors. For providers such as EWHS, operating in true Thin Markets within rural Australia, these progressive changes bring both opportunities and responsibilities to enhance service delivery, improve client outcomes, and uphold higher standards of care.

Our diverse Allied Health, Nursing and Specialist Nursing services continue to develop in response to an increasingly aged population and the associated demand for care in the community and clinic settings. Being able to offer a healthy continuum of clinical care and expertise internally allows EWHS to manage most primary care needs locally and independently. It also allows us to invest in innovative ways to bolster any clinical gaps / shortfalls we may have due to recruitment challenges, such as the successful development of Foot Care Nurses to work under the clinical leadership and guidance of our Podiatrists. Over the last 24 months we have seen the successful completion of our first Allied Health Assistant (AHA) training, a key emerging role within the allied health sector which operationally supports key disciplines such as Occupational Therapy and Physiotherapy. Further development of the AHA model at EWHS will be enhanced and expedited by the Commonwealth funded Integrated Primary Care Project.

Following the implementation of Multidisciplinary Team (MDT) meetings in May 2025, this key initiative which promotes holistic, client-centred care through interdisciplinary collaboration, has continued to grow over the last year. The appointment of a dedicated MDT Coordinator underscores this commitment, with the role supporting coordination, documentation, and clinician engagement, including with our EWHS Clinical Services' colleagues, local GPs and other healthcare providers / organisations. This local initiative and the role of the MDT Coordinator will be further developed as a key feature of the Commonwealth funded Integrated Primary Care Project, over the next 12-14 months.

EWHS continues to strengthen its commitment to enhancing mental health supports and service provision through a collaborative and community-focused approach. We have expanded our partnerships with key mental health service providers to improve access, coordination, and support across the region. These partnerships are vital in delivering integrated care and ensuring that mental health support is accessible to those who need it most. Furthermore, working collaboratively with specialist mental health providers ensures the integration of mental health care into our primary services. In addition, EWHS's Health Promotion team continues to play a pivotal role in building community capacity by coordinating Mental Health First Aid courses. These sessions equip community members with the skills and confidence to recognise and respond to mental health challenges.

EWHS's Commonwealth Home Support Program (CHSP) service delivery continues to expand its capacity to support older Australians in maintaining their independence and quality of life. CHSP provides a range of entry-level support services designed to assist seniors in their daily living activities. These services include domestic assistance, personal care, home maintenance, social support and delivered meals, all tailored to meet the unique needs of each individual. Our dedicated Home Care team of nurses and support workers are trained to deliver compassionate, high-quality care, ensuring that clients can continue to live safely and comfortably in their own homes. CHSP not only enhances the wellbeing of our consumers but also provides peace of mind to their families, knowing that their loved ones are receiving the support they need.

Volunteer recruitment continues with increased numbers of volunteers onboarding with EWHS across the last. Volunteers play a vital and valued role in supporting our Primary Care Team's service delivery in a variety of ways, generously contributing their time, skills, and compassion to support our clients and the community in general. Their dedication enhances the quality of care and connection we provide, from assisting with daily activities to offering companionship and support to those in need. Our volunteers embody the spirit of community and make a meaningful difference every day, and we are deeply grateful for their ongoing commitment.

A major focus for Primary Care Services over the last 12 months has been our team's involvement in several **key projects**, both internally and in collaboration with partner organisations such as Murray PHN. These projects and their status to date are briefly summarised below:

- The new **Community Health e-referral system** went live in early March 2026. This collaborative project with Grampians Rural Health Alliance (GRHA) fundamentally redesigned how referrals to EWHS's Primary Care Team are received, managed, and actioned. Replacing paper-based and inconsistent processes with a fully e-Form enabled Central Intake system has greatly enhanced operational flow from Intake through to service delivery, at the same time removing previous system bottlenecks.

  Since go-live, efficiency and productivity has increased and the experience of all staff involved (including outside of the Primary Care Team) has been extremely positive. In May 2026, this project was nominated for the 2026 Victorian Public Health Awards, in *Category 10 – Partnering in Healthcare.*

- At EWHS we are continuing our focus on cancer awareness, screening and support following diagnosis and during treatment. The **EWHS 'Skin Squad'** is a Nurse Practitioner (NP) led, skin cancer screening initiative to be delivered via 'pop-up' skin check clinics across the five (5) East Wimmera townships: Birchip, Wycheproof, Charlton, Donald and St Arnaud. The first of these clinics is on track to commence in September 2026, in Birchip. This project enhances community access to early detection of skin cancer in rural and regional areas by mobilising a trained pool of EWHS nurses, working under the clinical leadership of an EWHS NP.

  The Skin Squad is a collaborative initiative with local General Practice, to enhance primary care capacity and to increase community access to evidence-based skin cancer screening and treatment. Secondary partnerships with specialist skin cancer treatment centres - Grampians Integrated Cancer Service and Loddon-Mallee Integrated Cancer Service, are essential to ensure optimal patient outcomes.

- In partnership with Murray PHN, Western VIC PHN and Rural Workforce Agency Victoria (RWAV), application was made in late 2025 for a Commonwealth funded grant to support the co-design and development of a **multidisciplinary integrated primary care project,** which will improve community access and health outcomes. By working together, the plan is to implement an innovative model of care designed for rural communities facing healthcare workforce challenges.

Features of this project will include:

- Multidisciplinary team (MDT) model inclusive of GPs, NPs, Nurses, Allied Health Professionals and Assistants.
- Being agile and responsive to workforce need and capacity, through integration of existing private and public local services and engagement with established regional partners to fill workforce gaps.
- A co-located central hub will be established at the St Arnaud EWHS campus to promote primary health care service integration and coordination, closely aligned with the residential aged care and rural urgent care clinic to divert GP-type presentations.
- A healthcare partnership model, leveraging the stability of the small rural public hospital which provides clinical infrastructure, care coordination and an NP / AH workforce, to engage and form partnerships with local and regional GPs, as well as AH professionals from private and community health service providers who contribute to MDT care and Rural Generalist (RG) training.
- A multidisciplinary rural generalist training hub for GPs, NPs, Nurses, Allied Health (AH) Professionals and Assistants.
- Training NP & AH professionals to an RG scope, who then contribute to clinical leadership and MDT program design and facilitation.
- Training and supervision provided through reciprocal agreements with regional centres to develop RG capability; GP training enabled through collaboration with regional primary care training providers.

The project also contributes to sustainability:

- The model builds a rural generalist workforce of NPs, Nurses, AH Professionals and Assistants, working alongside GPs, which collectively enables sustainable access to multidisciplinary primary care. Rural GP services are also strengthened through healthcare partnerships which pair an experienced rural GP supervisor with a GP registrar, to enhance workforce attraction and retention.
- To help improve community understanding of our organisation's diverse range of care and support services (across all five campuses), as well as providing a local support service for navigating the aged care system, the **EWHS Information Centre** will open in August 2026, in shop-front premises in Napier Street, St Arnaud. This highly anticipated internal project is the culmination of 1-2 years of discussions, community consultation, strategic planning and preparation.

  The central location of the Information Centre, right in the heart of the St Arnaud business precinct, will enable inviting and easy access for community members, particularly the elderly who often find it challenging to access our health campuses for information and support. The Information Centre will be staffed by a dedicated **Consumer Engagement Officer**, with expertise in all aspects of EWHS services, consumer feedback and the Government's MyAgedCare (MAC) system. Helping people register with and navigate the complexities of MAC will be a key feature of this role, as well as linking people with care needs to either EWHS or other service providers who offer funded services that EWHS doesn't.

  EWHS's St Arnaud Planned Activities Group (PAG) Team will also operate out of the Information Centre, in a purpose-designed area at the rear of the building.

At a time when we are seeing many complex reforms and changes infiltrating the aged and community care sector, the future of Primary Care services at EWHS will be busy, strong and exciting. We have complete confidence in the capability of our highly skilled and experienced team to deliver the various projects in development, plus maintain and strengthen our growing, community service delivery footprint in the local communities that we proudly serve, in accordance with our EWHS values.

Nicholas Palmer
Acting Director of Primary Care

EWHS is committed to providing a safe working environment and promoting staff health. Each workgroup at EWHS has a nominated Health and Safety Representative (HSR).

Chemical Management – Chemicals in use have current safety data sheets.

Workplace inspection Action Plans – completed all campuses.

Remaining items still to be actioned or on hold awaiting funding do not pose any high risk to worker safety.

OHS incidents

For the period 1/7/25 until 30/6/26, there were 314 OHS and hazard incidents reported (increase of 66 reports compared to the 2024/25 reporting period).

Of these:

50 were incidents related to potential for staff injury (Decrease of 11 from previous reporting period).

67 were incidents related to aggression toward staff. 62 (93%) of these reports were for aggression towards our staff. Of these reports 38 were from residents in our aged care facilities.

Reporting categories	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025-26	Explanation of variances
Number of reported hazards/ OHS incidents for the year per 100 FTE	98.23	104	92.55	140.07	116.48	111.23	131.44	Higher number of reports received. Continued encouragement for staff to report any incidents. Education on importance of reporting incidents.
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.88	1.8	2.32	2.67	3.68	3.14	2.09	Decrease of claims received that included lost time. Medical only claims received.
Average cost per WorkCover claim for the year.	$23,826	$11,462	$6,899	$11,263	$29,836	$43,275.93	$120,506	Multiple long term claims included

Occupational violence statistics	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025-26
WorkCover accepted claims with an occupational violence cause per 100 FTE	0	0.45	0	0	0	0	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0	0.5	0	0	0	0	0
Number of occupational violence incidents reported	54	77	42	51	49	47	67
Number of occupational violence incidents reported per 100 FTE	23.78	34.53	19.54	25.5	22.56	30.05	28.05
Percentage of occupational violence incidents resulting in a staff injury, illness or condition.	0	1.3%	1%	1.1%	0	0	0

Definitions of occupational violence

Occupational violence – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Lost time – is defined as greater than one day.

Injury, illness or condition – this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Stakeholder Consultation:

OHS Co-ordinator
Worksafe monthly reporting as at 30/05/2026

Justine Postlethwaite
Return to Work/OHS Co-ordinator

Environmental Performance

The Victorian Department of Health utilises the Environmental Data Management System (EDMS) to manage environmental and utility data for the Victorian public health sector. The Department of Health provides public health services access to EDMS to manage their environmental data.

Environmental data in EDMS comes from a range of sources including Health Share Victoria contracts, utility accounts and supplier reports. Quantitative data in this report has been retrieved from EDMS.

New environmental reporting indicators in this year's environmental reporting, in accordance with Financial Reporting Direction 24: Reporting of environmental data by government entities (FRD24), has revealed limitations in data availability for environmental reporting. Development of environmental reporting governance is planned for next year, adopting a continuous improvement approach to environmental reporting.

EWHS is committed to improving its environmental performance via its Environmental Management Plan which is publicly reported and Environmental Sustainability meetings.

EWHS can monitor our systems to minimise our impact on the environment and how we contribute to sustainability.

Key performance indicators are monitored and reported six monthly to EWHS Governance Committee Safety and Quality Systems. These important reports also form part of not only the Environmental Sustainability Committee but also EWHS Health and Safety and Infection control committees, for monitoring, review and compliance.

FRD24 Report: EWHS Organisation Hierarchy (Jul-25 to Jun-26)

Greenhouse Gas Emissions	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
G1 Total Scope 1 (direct) greenhouse gas emissions (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Carbon Dioxide	252.47	262.10	290.58	
Methane	0.84	0.85	0.83	
Nitrous Oxide	0.84	0.88	0.96	
Total	**254.15**	**263.83**	**292.38**	
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO_2-e(t))	**254.15**	**256.25**	**248.97**	
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO_2-e(t))	**160.56**	**7.58**	**43.41**	
Medical/Refrigerant gases	**414.71**			
Total Scope 1 (direct) greenhouse gas emissions (CO_2-e(t))	**254.15**	**263.83**	**292.38**	

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.**
Electricity	1,130.03	1,088.93	979.56	
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO_2-e(t))	**1,130.03**	**1,088.93**	**979.56**	
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Commercial air travel				
Waste emissions (WR5)	118.26	167.51	207.23	
Indirect emissions from Stationary Energy	238.18	233.29	203.92	
Indirect emissions from Transport Energy	40.34	1.90	11.02	
Paper emissions				
Water emissions	18.98	29.69	23.00	
Any other Scope 3 emissions	0.00			
Total Scope 3 greenhouse gas emissions (CO_2-e(t))	**415.76**	**402.70**	**422.18**	
G(Opt) Net greenhouse gas emissions (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Gross greenhouse gas emissions (G1 + G2 + G3) (CO_2-e(t))	**1,960.50**	**1,755.47**	**1,694.11**	
Total gross reported greenhouse gas emissions per bed-day (t CO_2-e/OBD)	0.07	0.09	0.06	
Any Reduction Measures Offsets purchased (EL4-related)	**1,283.49**			
Any Offsets purchased	**1,283.49**			
Net greenhouse gas emissions (CO_2-e(t))	**-1,677.01**	**1,755.47**	**1,694.11**	

Electricity Use	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
EL1 Total electricity consumption segmented by source (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Purchased	1,699.47	1,649.18	1,489.33	
Self-generated	30.02			
EL1 Total electricity consumption (MWh)	**1,729.49**	**1,649.18**	**1,489.33**	
EL2 On site-electricity generated (MWh) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Consumption behind-the-meter				
Solar Electricity	30.02	167.48	163.45	
Total Consumption behind-the-meter (MWh)	30.02	63.20	63.70	
Exports	**0.46**			
EL2 Total On site-electricity generated (MWh)		**167.52**	**163.80**	
EL3 On-site installed generation capacity (kW converted to MW) segmented by:	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Diesel Generator	1.36	1.36	1.36	
Solar System	0.28	0.23	0.23	
EL3 Total On-site installed generation capacity (MW)	**1.64**	**1.59**	**1.59**	
EL4 Total electricity offsets segmented by offset type (MWh)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
LGCs voluntarily retired on the entity's behalf	1,449.35			
RPP (Renewable Power Percentage in the grid)	294.19	301.92	279.40	
EL4 Total electricity offsets (MWh)	**1,699.47**	**301.92**	**279.40**	

Stationary Energy	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
LPG	4,193,857.30	4,228,478.00	4,108,443.30	
F1 Total fuels used in buildings (MJ)	4,193,857.30	4,228,478.00	4,108,443.30	
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
LPG	254.15	256.25	248.97	
F2 Greenhouse gas emissions from stationary fuel consumption (CO_2-e(t))		**256.25**	**248.97**	

Transportation Energy	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Non-executive fleet - Gasoline	971,978.00	58,670.10	601,749.10	
Petrol	**1,521,989.50**	**58,670.10**	**601,749.10**	
Non-executive fleet - Diesel	524,570.00	51,376.80	38,561.50	
Diesel	**818,705.40**	**51,376.80**	**38,561.50**	
Total energy used in transportation (vehicle fleet) (MJ)	**2,340,694.90**	**110,046.90**	**640,310.60**	
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO_2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Non-executive fleet - Gasoline	65.73	3.97	40.69	
Petrol	**102.92**	**3.97**	**40.69**	
Non-executive fleet - Diesel	36.93	3.62	2.72	
Diesel	**57.64**	**3.62**	**2.72**	
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO_2-e(t))	**160.56**	**7.58**	**43.41**	

Total Energy Use	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Total energy usage from stationary fuels (F1) (MJ)	4,193,857.30	4,228,478.00	4,108,443.30	
Total energy usage from transport (T1) (MJ)	2,340,694.90	110,046.90	640,310.60	
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**6,534,552.20**	**4,338,524.90**	**4,748,753.90**	
E2 Total energy usage from electricity (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Total energy usage from electricity (MJ)	**6,281,369.27**	**5,937,037.89**	**5,361,573.36**	
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Renewable	6,226,178.10	1,086,894.80	1,005,837.21	
Non-renewable (E1 + E2 - E3 Renewable)	6,534,551.59	9,188,667.99	9,104,490.05	
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	

Total Energy Use	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
Energy per unit of Aged Care OBD (MJ/ Aged Care OBD)	390.66	556.31	395.62	
Energy per unit of LOS (MJ/LOS)	3,935.06	4,922.77	3,744.57	
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	355.38	499.83	357.82	
Energy per unit of Separations (MJ/ Separations)	11,375.58	9,812.27	11,037.32	
Energy per unit of floor space (MJ/m2)	556.24	542.65	505.53	

Sustainable Buildings And Infrastructure	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**
	No new buildings completed in the report period			
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**
	EWHS does not lease any office spaces that have a Green Lease Schedule			
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**
	No new buildings completed in the report period			
B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**

Sustainable Buildings And Infrastructure	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
NABERS Energy	No new buildings completed in the report period	The VHHSBA's brief for Birchip did not include a requirement to meet a NABERS or Green Star performance rating. The buildings thermal insulation was provided on a "Deemed to Satisfy" (DtS) basis in accordance with the Building Code of Australia.		
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	**Not reported by Eden Suite**
Rating scheme	No new buildings completed in the report period	The building's thermal insulation was provided on a "Deemed to Satisfy" (DtS) basis in accordance with the Building Code of Australia.		

Sustainable Procurement	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes

Water Use	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
W1 Total units of metered water consumed by water source (kL)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Potable water (kL)	13,532.28	18,153.24	13,707.51	
Total units of water consumed (kL)	**13,532.28**	**18,153.24**	**13,707.51**	
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.51	0.99	0.57	
Water per unit of LOS (kL/LOS)	5.11	8.79	5.42	
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.46	0.89	0.52	
Water per unit of Separations (kL/Separations)	14.77	17.52	15.98	
Water per unit of floor space (kL/m2)	0.72	0.97	0.73	

Waste and Recycling	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
WR1 Total units of waste disposed of by waste stream and disposal method (kg)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Landfill (total)				
General waste - bins	40,885.80	52,083.00	120,046.00	
General waste - skips	49,242.00	76,458.00	37,740.00	
Offsite treatment				
Clinical waste - incinerated	18.00	30.86	71.15	
Clinical waste - sharps	70.13	35.96	243.53	
Clinical waste - treated	757.70	256.51	1,333.94	
Recycling/recovery (disposal)				
Cardboard	6,176.86	11,760.27	17,246.00	
Commingled	29,810.18	22,178.74	16,611.00	
E-waste	5.00	160.00		
Fluorescent tubes	0.74			
Paper (confidential)	1,785.92	1,232.56	996.00	
Paper (recycling)	324.90	60.07	288.00	
Total units of waste disposed (kg)	**129,077.23**	**164,255.96**	**194,575.61**	
WR1 Total units of waste disposed of by waste stream and disposal method (%)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Landfill (total)				
General waste	69.82%	78.26%	81.09%	
Offsite treatment				
Clinical waste - incinerated	0.01%	0.02%	0.04%	
Clinical waste - sharps	0.05%	0.02%	0.13%	
Clinical waste - treated	0.59%	0.16%	0.69%	
Recycling/recovery (disposal)				
Cardboard	4.79%	7.16%	8.86%	
Commingled	23.09%	13.50%	8.54%	
E-waste	0.00%	0.10%		
Fluorescent tubes	0.00%			
Paper (confidential)		0.75%	0.51%	
Paper (recycling)	0.25%	0.04%	0.15%	
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.98	6.01	5.77	

Waste and Recycling	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
Total waste to offsite treatment per patient treated ((kg offsite treatment)/ PPT)	0.03	0.02	0.06	
Total waste recycled and reused per patient treated ((kg recycled and reused)/ PPT)	1.26	1.66	1.29	
WR4 Recycling rate (%)	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
Weight of recyclable and organic materials (kg)	38,103.60	35,391.64	35,141.00	
Weight of total waste (kg)	129,077.23	164,255.96	194,575.61	
Recycling rate (%)	**29.52%**	**21.55%**	**18.06%**	
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))	**Jul-25 to Jun-26**	**Jul-24 to Jun-25**	**Jul-23 to Jun-24**	
CO2-e(t)	118.13	167.51	207.23	

Normalisation Factors	Jul-25 to Jun-26	Jul-24 to Jun-25	Jul-23 to Jun-24	Notes
1000km (Corporate)				
1000km (Non-emergency)				
Aged Care OBD	26,673.00	18,273.00	23,937.00	
ED Departures	0.00	0.00	0.00	
FTE	255.00		218.00	
LOS	2,648.00	2,065.00	2,529.00	
OBD	29,134.00	20,338.00	26,466.00	
PPT	29,998.00	21,374.00	27,324.00	
Separations	864.00	1,036.00	858.00	
Total Area M2	18,733.00	18,733.00	18,733.00	

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

Social procurement activities and commitments	
Reporting period:	2025–26
Reporting entity:	**East Wimmera Health Service**
Overall social procurement activities	2025–26
Number of social benefit suppliers engaged during the reporting period:	1
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive):	$1,894.90
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government:	1
Total number of contracts that include social procurement commitments:	1

2025-26 SPF reporting

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

SPF objective	Outcome	Metric	Unit of measure	2025-26 (Actual)
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	Total spend with Victorian Aboriginal businesses	$ (GST exclusive)	$0
		Number of Victorian Aboriginal businesses engaged	Number	0
Opportunities for Victorians with disability	Employment of Victorians with disability by suppliers to the Victorian Government	Total number of Victorians with disability employed by Victorian Government suppliers on Victorian Government contracts	Number	1
	Purchasing from Victorian social enterprises and Australian Disability Enterprises	Total spend with Victorian social enterprises led by a mission for people with disability and BuyAbility Social Enterprises	$ (GST exclusive)	$1,894.90
		Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs) engaged	Number	1
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	Number of Victorian social enterprises engaged	Number	1
		Total expenditure with Victorian social enterprises (excl. GST)	$ (GST exclusive)	$1,894.90
		Number of Victorian Aboriginal businesses engaged	Number	0
		Total expenditure with Victorian Aboriginal businesses (excl. GST)	$ (GST exclusive)	$0

Disclosure of Emergency Procurements

Nil reports.

Disclosure of Procurement Complaints

Nil reports.

Health Share Victoria Attestation

Health service has identified non-material non-compliances with the HSV Purchasing Policies, but has an agreement in place with HSV to rectify the issues.

I, Trevor Adem, on behalf of East Wimmera Health Service, certify that EWHS has no material compliance deficiency with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). While instances of non-material non-compliance have been identified during the reporting period, EWHS has an agreement in place with HealthShare Victoria to address and rectify these issues. These instances do not constitute material non-compliance and have not had a significant impact on procurement governance or operational integrity. EWHS has implemented appropriate internal controls, which have been critically reviewed throughout the year.



Trevor Adem
Chief Executive Officer and Accountable Officer
East Wimmera Health Service
21/09/2026

Legislative Requirements

EWHS is a Victorian public sector organisation incorporated under the Health Services Act 1988 and operates under the provision of this Act. The Service is governed by a Board of Directors, appointed by the Minister.

The functions of the Board are:

- To conduct the Service in a manner that is consistent with the Mission, Vision and Values Statement and the Health Services Act 1988;
- To establish reporting mechanisms to monitor the performance, reports and audit processes of the Service and to ensure that they comply with the Financial Management Act 1994;
- To oversee the general governance of the Service; and
- To maintain proper accountability to Government by close observation of all legislative requirements, ensuring that the Service meets or exceeds targets as agreed in the Health Service Agreement and complies with all standards governing the Service.

Freedom of Information Act 2012 Statistics/Timelines

During 2025-26, EWHS received 17 applications. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.

EWHS made 17 FOI decision during the 12 months ending 30 June 2026.

There were 12 decisions made within the statutory time periods. A total of 17 FOI access decisions were made where access to documents was granted in full. Of requests finalised, the average number of days to process the request was 22 days.

During 2025-26, none of the requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner.

As of 30 June 2026, no requests were progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Fees

EWHS charges fees in accordance with the Department of Health directives.

Industrial relations

There has been no staff time lost due to industrial disputes.

Merit and equity

The Chief Executive Officer ensures EWHS exercises the State Government's merit and equity principles in the recruitment of employees in accordance with the Equal Opportunity Act 2010.

Disclosure of Review and Study Expenses

In 2025-26, the Health Service did not have any reviews or studies to report.

Disclosure of Government Advertising

In 2025-26, the Health Service did not engage in any Government advertising.

Building Act 1993

EWHS has the following mechanisms in place to ensure it conforms with the standards within the Building Act 1993:

Annual essential service audits undertaken by Building Surveyors

- Policies and procedures in place for building and asset maintenance
- Scheduled annual OH&S audits
- A robust preventative maintenance program

The following major project works (greater than $50K were in progress or completed within the 2025-26 financial year:

- Fire Hydrant Upgrades at St Arnaud, Donald and Wycheproof
- Accommodation refurbishment Wycheproof
- Fire Panel Replacement Birchip

The following mechanisms are in place for inspection, reporting, scheduling, and carrying out of maintenance works on existing buildings:

- Policies and procedures in place for building and asset maintenance management
- Electronic maintenance request system available to all staff for logging maintenance requests across all sites
- Scheduled annual OH&S audits

Asset Management Accountability Framework

EWHS has put in place appropriate controls and processes to ensure that it is compliant with the mandatory requirements for the Asset Management Accountability Framework.

Consultants

Consultancies over $10,000

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2024-25 (excluding GST)	Future expenditure (excluding GST)
K & K Consulting Pty	Accreditation review & support	Oct-25	Oct-25	$40,828	$40,828	$0
Inspire HQ Pty Ltd	Human resources advisory services	Jul-25	Jun-26	$12,747	$12,747	$0
Inspire HW Pty Ltd	Human resources advisory services – Investigation	Nov-25	Nov-25	$25,564	$25,564	$0
Jomo Advisory	Strategic Planning facilitation & stakeholder engagement, strategic review	Feb-26	Jun-26	$49,841	$49,841	$0
The Trustee for Canterbury Laing Family Trust	VMO/GP Clinical Review	May-26	May-26	$20,250	$20,250	$0
Federation University	Research Collaboration Mapping Population	Jun-26	Jun-26	$22,000	$22,000	$0

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

In 2025-26, there were six consultancies where the total fees payable to the consultants was $10,000 or greater. The total expenditure incurred during 2025-26 in relation to these consultancies is $171,230 (excl. GST).

Details of consultancies (under $10,000)

In 2025-26, there were five 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 is $5,812 (excl. GST).

Local Jobs First Act 2003

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

Competitive Neutrality

There are no significant business units within EWHS that would require the implementation of a competitive neutrality pricing policy.

Complaints Policy

The Health Services (Conciliation and Review) Act 1987 requires Victorian Public Hospitals to nominate a Complaints Liaison Officer with the responsibility of complaints management at each Health Service.

Complaints received during the 2025-26 year: 72.

EWHS has developed a Compliments, Concerns or Complaints Management Policy to facilitate the process of complaints Management.

The Principal Complaints Officer of the Health Service is the Chief Executive Officer, with Campus Complaints Liaison Officers situated at each campus.

This process has been created to ensure that any response by the Health Service will address the genuine feedback received from patients, residents, clients, representatives and visitors in an effective and timely manner.

Further, the information received can be managed using a thorough and systematic approach, within a framework of continuous improvement and risk management.

Publications

2025 Annual Report incorporating Financial Report.
2025-2028 Strategic Plan.

Public Interest Disclosures Act 2012

The Public Interest Disclosure Act 2012 is designed to enable people to make disclosures about improper conduct within the public sector without fear of reprisal.

Disclosures of improper conduct by EWHS or its employees can be made to The Public Interest Disclosure Officer or The Ombudsman Victoria.

Carers Recognition Act 2012 (Victoria)

EWHS recognises the essential contribution that carers make to the health, wellbeing, independence and quality of life of people receiving care across our acute, residential aged care, urgent care and community services.

During the 2025–2026 reporting period, EWHS has complied with its obligations under sections 11 and 12 of the *Carers Recognition Act 2012 (Vic)* by recognising, respecting and, where appropriate, supporting carers as partners in care.

Throughout the year EWHS has continued to strengthen carer engagement through:

- promoting person-centred and relationship-centred care across all service areas;
- involving carers, families and substitute decision-makers in care planning, decision-making and discharge planning, where appropriate and with the consent of the person receiving care;
- recognising carers as individuals with their own needs and promoting access to information, support and services where appropriate.
- embedding consumer and carer partnership principles within organisational policies, procedures and quality improvement activities;
- progressing implementation of the Strengthened Aged Care Quality Standards, with an increased focus on partnering with residents, families and carers;
- implementing dementia-friendly initiatives that support meaningful engagement of families and carers in the lives of residents; and
- providing education to staff that reinforces respectful communication, shared decision-making and recognition of carers' knowledge and experience.

EWHS acknowledges that carers provide invaluable support to individuals and communities and remains committed to recognising carers as valued partners in the delivery of safe, high-quality and compassionate healthcare. The organisation will continue to strengthen systems and practices that support carers in accordance with the principles of the *Carers Recognition Act 2012 (Vic).*

Disability Act 2006

EWHS has policies and procedures which align with the applicable principles of the Victorian Disability Act 2006.

Accreditation

All EWHS Acute and Community Health Services are accredited with the Australian Council on Healthcare Standards from 1 November 2024 to 31 October 2027.

Aged Care

All EWHS Residential Aged Care facilities were accredited by the Aged Care Quality and Safety Commission in 2022 and are accredited until the following dates:

Birchip Nursing Home:
28 December 2026

Charlton Aged Care:
28 December 2026

Riverview Aged Care (Donald):
28 December 2026

Kara Court Nursing Home (St Arnaud):
28 December 2026

Grandview Lodge (Wycheproof):
28 December 2026

Safe Patient Care Act 2015

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

Gender Equality Act 2020

The Gender Equality Act was passed in February 2020 and came into effect on 31 March 2021 which aims to improve gender equality within Victorian workplaces. The Act requires defined entities to take positive action to promote gender equality, prevent discrimination, sexual harassment and victimisation, and address systemic barriers affecting employees of all genders. The Act promotes fair, inclusive and respectful workplaces where all people have equal opportunities to participate and succeed.

EWHS provides a wide range of health services to the rural local community and is committed to fostering a work environment which is free from discrimination and bias and drives a culture where each employee is able to access and enjoy equal rewards, resources and opportunities, regardless of gender.

EWHS take positive steps to identify and address barriers to gender equality in its employment practices, policies and services by:

- Educating - Improve awareness and inclusive practices of our employees by providing more education on the needs of team members who come from diverse backgrounds, and the benefits that inclusive workplaces bring to all such as monthly Respect @ EWHS training sessions and gender equality training module on Grampians Learning Hub where we achieved 80% of staff completed the online training as of 30 June 2026.
- Celebrating – Celebrate significant days, events and multicultural festivals that highlight the importance of the diverse backgrounds and experiences of employees of EWHS by having monthly talks by external Equality Advocate guest speakers from Grampians Health and Women's Health Grampians.
- Building - Attract and recruit employees from diverse backgrounds including current identified EWHS staff as First Nations of around 0.7% of total staff strength as of 30 June 2026.
- Committing – Demonstrate commitment through setting diversity related objectives and ensuring ongoing monitoring of the activities put in place to achieve these objectives being monitored by EWHS GEAP Working Group.

In line with The Act, EWHS submitted a progress report, gender equality action plan (GEAP) and gender impact assessments (GIA) to the Commissioner on 15 April 2026.

Grants and Transfer Payments and Commercial-in-confidence-grants

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

Additional Information Available On Request

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

In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the Freedom of Information Act 1982.

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

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

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

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

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

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

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

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

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

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

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

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

(l) details of all consultancies and contractors including:

(i) consultants/contractors engaged;

(ii) services provided; and

(iii) expenditure committed to for each engagement.

This information is available on request from:

Chief Executive Officer
Phone (03) 5477 2100
Email: starnaud@ewhs.org.au

Board Member's, Accountable Officer's, and Chief Finance & Accounting Officer's Declaration

East Wimmera Health Service Financial Management Compliance Attestation

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



Kylie Thitchener
Board Chair
East Wimmera Health Service
21/09/2026

Data Integrity Declaration

I, Trevor Adem, certify that East Wimmera Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. East Wimmera Health Service has critically reviewed these controls and processes during the year.



Trevor Adem
Chief Executive Officer and Accountable Officer
East Wimmera Health Service
21/09/2026

Conflict Of Interest Declaration

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



Trevor Adem
Chief Executive Officer and Accountable Officer
East Wimmera Health Service
21/09/2026

Integrity, Fraud And Corruption Declaration

I, Trevor Adem, certify that East Wimmera Health Service has put in place appropriate internal controls and processes to ensure that Integrity, fraud, and corruption risks have been reviewed and addressed at EWHS during the year.



Trevor Adem
Chief Executive Officer and Accountable Officer
East Wimmera Health Service
21/09/2026

Financial Statements
Financial Year ended 30 June 2026

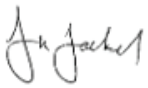
Board member's, accountable officer's, and chief finance & accounting officer's declaration

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of East Wimmera Health Service at 30 June 2026.

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

We authorise the attached financial statements for issue on 21 September, 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
		
Ms Kylie Thitchener	Mr Trevor Adem	Mr Steven Jackel
Board Chair	Chief Executive Officer	Interim Chief Finance Officer
St Arnaud 21st September, 2026	St Arnaud 21st September, 2026	St Arnaud 21st September, 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of East Wimmera Health Service

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

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
24 September 2026

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

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	17,408	15,745
Government Grants	2.1 (b)	26,496	24,723
Other sources of income	2.1 (c)	3,551	3,256
Total revenue and income from transactions		**47,455**	**43,724**
Expenses from transactions			
Employee expenses	3.1 (a)	(34,532)	(32,328)
Supplies and consumables	3.1 (c)	(2,246)	(2,281)
Depreciation	4.1(a)	(6,660)	(6,582)
Other operating expenses	3.1 (d)	(7,543)	(7,467)
Total expenses from transactions		**(50,981)**	**(48,658)**
Net result from transactions - net operating balance		**(3,526)**	**(4,934)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		50	17
Net gain/(loss) on financial instruments		(71)	(172)
Other gain/(loss) from other economic flows		95	8
Total other economic flows included in net result		**74**	**(147)**
Net result		**(3,452)**	**(5,081)**
Comprehensive result		**(3,452)**	**(5,081)**

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

Balance Sheet
East Wimmera Health Service
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	21,356	18,043
Receivables	5.1	1,788	2,444
Contract assets		330	312
Total financial assets		**23,474**	**20,799**
Non-financial assets			
Prepayments		439	386
Inventories		102	97
Property, plant and equipment	4.1	73,821	77,655
Total non-financial assets		**74,362**	**78,138**
Total assets		**97,836**	**98,937**
Liabilities			
Payables	5.2	4,571	4,723
Contract liabilities		584	966
Borrowings		1,112	739
Employee benefits	3.1(b)	6,942	6,465
Monies held in trust	5.3	8,646	6,611
Total liabilities		**21,855**	**19,504**
Net assets		**75,981**	**79,433**
Equity			
Reserves		79,412	79,412
Contributed capital		12,573	12,573
Accumulated deficit		(16,004)	(12,552)
Total equity		**75,981**	**79,433**

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

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

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		40,690	36,067
Commercial activity revenue received		295	269
Other receipts		5,394	3,710
Total receipts		**46,379**	**40,046**
Payments to employees		(34,229)	(31,945)
Payments to suppliers and consumables		(2,983)	(2,478)
GST paid to ATO		(28)	7
Other payments		(6,682)	(6,485)
Total payments		**(43,922)**	**(40,901)**
Net cash flows from/(used in) operating activities		**2,457**	**(855)**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		107	107
Purchase of non-financial assets		(2,264)	(1,504)
Capital donations and bequests received		1,177	853
Net cash flows used in investing activities		**(980)**	**(544)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(246)	(273)
Repayment of accommodation deposits		(2,116)	(3,632)
Receipt of accommodation deposits		4,198	4,113
Net cash flows from financing activities		**1,836**	**208**
Net increase/(decrease) in cash and cash equivalents held		**3,313**	**(1,191)**
Cash and cash equivalents at beginning of year		18,043	19,234
Cash and cash equivalents at end of year	6.1	**21,356**	**18,043**

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

Statement of Changes in Equity
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Deficit	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**78,632**	**780**	**12,573**	**(7,471)**	**84,514**
Net result for the year	-	-	-	(5,081)	(5,081)
Balance at 30 June 2025	**78,632**	**780**	**12,573**	**(12,552)**	**79,433**
Net result for the year	-	-	-	(3,452)	(3,452)
Balance at 30 June 2026	**78,632**	**780**	**12,573**	**(16,004)**	**75,981**

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Structure

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

Note 1 About this Report

These financial statements represent the financial statements of East Wimmera Health Service for the year ended 30 June 2026.

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

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

Where appropriate, those AASs paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accrual basis of accounting has been applied in preparing these financial statements, whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Consistent with the requirements of AASB 1004 *Contributions* , contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of East Wimmera Health Service.

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of East Wimmera Health Service on 21st September, 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of East Wimmera Health Service.

East Wimmera Health Service's principal address is:

52 North Western Road
St Arnaud, Victoria 3478

Note 1.4 Economic dependency

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 2 Funding delivery of our services

East Wimmera Health Service's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians. East Wimmera Health Service is predominantly funded by grant funding for the provision of outputs. East Wimmera Health Service also receives income from the supply of services.

Significant judgement - Grant revenue

East Wimmera Health Service has made the judgement that amounts received in relation to activity based funding should be recognised under AASB 15 on the basis where the Health Service does not achieve the relevant target or occupancy levels, funding will be recallable.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	17,408	15,745
Government Grants	2.1(b)	26,496	24,723
Other sources of income	2.1(c)	3,551	3,256
Total revenue and income from transactions		**47,455**	**43,724**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	637	586
Government grants (Commonwealth) - Operating	13,764	12,597
Patient and resident fees	2,712	2,293
Commercial activities	295	269
Total revenue from contracts with customers	**17,408**	**15,745**

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

How we recognise revenue from contracts with customers

Government grants

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

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

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

Government grant	Performance obligation
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at East Wimmera Health Service. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.

Patient and resident fees

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 2.1(b) Government Grants

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		24,489	23,689
Government grants (State) - Capital		1,338	488
Government grants (Commonwealth) - Capital		669	546
Total Government grants		**26,496**	**24,723**

How we recognise Government grants

Government grants

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

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

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

Capital grants

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

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

Non-cash contributions from the Department of Health

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Other capital purpose income		1,069	842
Capital donations		108	11
Assets received free of charge or for nominal consideration		355	396
Other income from operating activities		1,127	1,068
Income from non-operating activities		892	939
Total other sources of income		**3,551**	**3,256**

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	34,532	32,328
Supplies & Consumables	3.1(c)	2,246	2,281
Other operating expenses	3.1(d)	7,543	7,467
Total expenses incurred in the delivery of services		**44,321**	**42,076**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	28,466	24,607
Superannuation expense [1]	3,103	2,577
Agency expenses	2,446	4,621
Fee for service medical officer expenses	517	523
Total employee expenses	**34,532**	**32,328**

[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.

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	110	112
Annual leave	2,891	2,132
Long service leave	2,685	2,817
Provision for on-costs	777	1,068
Total current provisions for employee benefits	**6,463**	**6,129**
Non-current provisions for employee benefits		
Long service leave	420	294
Provision for on-costs	59	42
Total non-current provisions for employee benefits	**479**	**336**
Total provisions for employee benefits	**6,942**	**6,465**

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

Liabilities for annual leave and accrued days off are recognised in the provision for employee benefits as current liabilities because East Wimmera Health Service does not have an unconditional right to defer settlement of these liabilities.

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

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

The components of this current LSL liability are measured at:

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

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

Provisions

Employment on-costs such as payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred. The on-costs provision is immaterial in 2026.

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	77	79
Medical and surgical supplies (including Prostheses)	360	381
Diagnostic and radiology supplies	3	6
Other supplies and consumables	1,806	1,815
Total supplies and consumables	**2,246**	**2,281**

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.

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	635	642
Repairs and maintenance	1,897	2,033
Maintenance contracts	265	403
Medical indemnity insurance	438	420
Other administration expenses	4,261	3,940
Finance costs	47	29
Total other operating expenses	**7,543**	**7,467**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

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

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

Note 4 Key assets to support service delivery

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

Significant judgement - Fair value measurement

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

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	433	433	-	-	433	433
Land at fair value - Freehold	1,499	1,499	-	-	1,499	1,499
Buildings at fair value	78,443	78,184	(11,791)	(5,888)	66,652	72,296
Works in progress at cost	1,491	155	-	-	1,491	155
Plant, equipment and vehicles at fair value	9,032	13,777	(5,286)	(10,505)	3,746	3,272
Total property, plant and equipment	**90,898**	**94,048**	**(17,077)**	**(16,393)**	**73,821**	**77,655**

How we recognise property, plant and equipment

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**1,932**	**72,296**	**155**	**3,272**	**77,655**
Additions	-	83	1,511	1,289	2,883
Disposals	-	-	-	(57)	(57)
Net transfers between classes	-	175	(175)	-	-
Depreciation	-	(5,902)	-	(758)	(6,660)
Balance at 30 June 2026	**1,932**	**66,652**	**1,491**	**3,746**	**73,821**

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

4.1(b) Impairment of property, plant and equipment

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 4.2 Depreciation

How we recognise depreciation

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

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

Useful lives of non-current assets

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

	2026	2025
Buildings	5 - 60 years	5 - 60 years
Plant and equipment	5 - 20 years	2 - 20 years
Right of use Buildings	2 - 3 years	2 - 3 years
Right of use Motor Vehicles	3 years	3 years

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		153	239
Trade receivables		236	304
Patient fees		388	448
Allowance for impairment losses		(207)	(207)
Other receivable		50	546
Total contractual receivables		**620**	**1,330**
Statutory			
GST receivable		217	189
Total statutory receivables		**217**	**189**
Total current receivables		**837**	**1,519**
Non-current receivables			
Contractual			
Long service leave - Department of Health		951	925
Total contractual receivables		**951**	**925**
Total non-current receivables		**951**	**925**
Total receivables		**1,788**	**2,444**
(i) Financial assets classified as receivables			
Total receivables		1,788	2,444
GST receivable		(217)	(189)
Total financial assets classified as receivables	7.1	**1,571**	**2,255**

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

How we recognise receivables

Receivables consist of:

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		389	784
Accrued salaries and wages		871	1,139
Accrued expenses		340	210
Deferred capital grant income		1,880	1,661
Other		1,083	920
Total contractual payables		**4,563**	**4,714**
Statutory			
GST Payable		8	9
Total statutory payables		**8**	**9**
Total current payables		**4,571**	**4,723**
Total payables		**4,571**	**4,723**
(i) Financial liabilities classified as payables			
Total payables		4,571	4,723
Deferred capital grant income		(1,880)	(1,661)
GST payable		(8)	(9)
Total financial liabilities classified as payables	7.1	**2,683**	**3,053**

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 East Wimmera Health Service prior to the end of the financial year that are unpaid.

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		48	99
Refundable accommodation deposits		8,558	6,476
Other monies		40	36
Total current monies held in trust		**8,646**	**6,611**
Total other liabilities		**8,646**	**6,611**
*** Represented by:**			
- Cash assets	6.1	8,646	6,611
		8,646	**6,611**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents
6.2 Commitments for expenditure

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		12,708	11,430
Total cash held for operations		**12,710**	**11,432**
Cash at bank (monies held in trust)		8,646	6,611
Total cash held as monies in trust	5.3	**8,646**	**6,611**
Total cash and cash equivalents	7.1	**21,356**	**18,043**

Note 6.2 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	1,693	-	-	1,693
Total commitments (inclusive of GST)	**1,693**	**-**	**-**	**1,693**
Less GST recoverable				(154)
Total commitments (exclusive of GST)				**1,539**

30 June 2025: Nil

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

East Wimmera Health Service discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities.

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

7.1 Financial instruments
7.2 Contingent assets and contingent liabilities
7.3 Fair value determination

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

Note 7.1 Financial instruments

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

30 June 2026	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	21,356	-	892	-	-
Receivables	5.1	1,571	-	-	-	(71)
Total financial assets [i]		**22,927**	**-**	**892**	**-**	**(71)**
Financial liabilities at amortised cost						
Payables	5.2	2,683	-	-	-	-
Borrowings		1,112	-	(47)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	8,558	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	48	-	-	-	-
Total financial liabilities [i]		**12,401**	**-**	**(47)**	**-**	**-**

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

Notes to the Financial Statements
East Wimmera Health Service
For the Financial Year Ended 30 June 2026

30 June 2025	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	18,043	-	939	-	-
Receivables	5.1	2,255	-	-	-	(172)
Total financial assets [i]		**20,298**	**-**	**939**	**-**	**(172)**
Financial liabilities at amortised cost						
Payables	5.2	3,053	-	-	-	-
Borrowings		739	-	(29)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	6,476	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	99		-		
Total financial liabilities [i]		**10,367**	**-**	**(29)**	**-**	**-**

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

How we categorise financial instruments

Financial assets at amortised cost

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

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

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

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

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

Categories of financial liabilities

Financial liabilities at amortised cost

Financial liabilities are measured at amortised cost using the effective interest method, where they are not held at fair value through net result.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in net result over the relevant period. The effective interest is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

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

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

Derecognition of financial assets

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

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

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

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

Fair value determination: non-financial physical assets

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities.* Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

Notes to the Financial Statements
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The last scheduled full independent valuation of all of East Wimmera Health Service's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2026 using VGV indices does not identify material changes in value. In accordance with FRD 103, East Wimmera Health Service will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

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

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

Specialised land includes Crown Land which is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset.

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

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

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

Notes to the Financial Statements
East Wimmera Health Service
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Vehicles

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

Plant and equipment, furniture, fittings

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment	20% [(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$1,000 - $1,500/m^2 ($1,300) 5 - 60 years (17 years)
Plant, equipment and vehicles	Current replacement cost approach	Cost per unit Useful life	$1,000 - $104,000 ($5,700 per unit) 5 - 20 years (9 years)

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

[(ii)] CSO adjustments of 20% were applied to reduce the market approach value for East Wimmera Health Service's specialised land.

Notes to the Financial Statements
East Wimmera Health Service
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Note 8 Other disclosures

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

Structure

8.1 Responsible persons disclosures
8.2 Remuneration of executives
8.3 Related parties
8.4 Remuneration of auditors
8.5 Events occurring after the balance date
8.6 Joint arrangements

Notes to the Financial Statements
East Wimmera Health Service
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Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2025 - 14 April 2026
Minister for Ambulance Services	1 July 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 July 2025 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2025 - 30 June 2026
Minister for Ageing	1 July 2025 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 July 2025 - 30 June 2026
Minister for Disability	1 July 2025 - 30 June 2026
Governing Boards	
Ms Julianne Clift	1 Jul 2025 - 30 Jun 2026
Mrs Simone Christie	1 Jul 2025 - 30 Jun 2026
Ms Kylie Thitchener	1 Jul 2025 - 30 Jun 2026
Ms Nola Tudball	1 Jul 2025 - 30 Jun 2026
Ms Deidre Missingham	1 Jul 2025 - 30 Jun 2026
Mr Philip Sabien	1 Jul 2025 - 30 Jun 2026
Ms Carolyn Stewart	1 Jul 2025 - 30 Jun 2026
Mr Ross McKenzie	1 Jul 2025 - 30 Jun 2026
Mr Steven Price	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Mr Trevor Adem (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Notes to the Financial Statements
East Wimmera Health Service
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Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	8	8
$10,000 - $19,999	1	1
$270,000 - $279,999	-	1
$300,000 - $309,999	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:	**362**	**343**

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

Notes to the Financial Statements
East Wimmera Health Service
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Note 8.2 Remuneration of executives

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

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

Remuneration of executive officers reduced from the previous year due to resignations and delays in appointment of replacements to positions in the executive team. As a result, the executive team has operated with less full time equivalent personnel.

Remuneration of executives officers
(including Key Management Personnel disclosed in Note 8.3)

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	951	679
Total number of executives	5	5
Total annualised employee equivalent [ii]	5.0	3.4

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of East Wimmera Health Service under AASB 124 *Related Party Disclosures* and are also reported within Note 8.3 Related Parties.
[ii] Annualised employee equivalent is based on working 38 ordinary hours per week over the reporting period.

Notes to the Financial Statements
East Wimmera Health Service
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Note 8.3 Related parties

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

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

Significant transactions with government related entities

East Wimmera Health Service received funding from government related entities of $26.46 m (2025: $24.13 m) and indirect contributions of $0.35 m (2025: $0.38 m). Balances outstanding as at 30 June 2026 are $0.33 m (2025: $0.312 m).

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

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

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

Key management personnel

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

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

Entity	KMPs	Position Title
East Wimmera Health Service	Ms Kylie Thitchener	Chair of the Board
East Wimmera Health Service	Mrs Simone Christie	Board Member
East Wimmera Health Service	Ms Julianne Clift	Board Member
East Wimmera Health Service	Ms Nola Tudball	Board Member
East Wimmera Health Service	Ms Deidre Missingham	Board Member
East Wimmera Health Service	Mr Philip Sabien	Board Member
East Wimmera Health Service	Ms Carolyn Stewart	Board Member
East Wimmera Health Service	Mr Ross McKenzie	Board Member
East Wimmera Health Service	Mr Steven Price	Board Member
East Wimmera Health Service	Mr Trevor Adem	Chief Executive Officer
East Wimmera Health Service	Ms Yvonne Wrigglesworth	Director of Operations
East Wimmera Health Service	Ms Courtney Yates	Director Clinical Services
East Wimmera Health Service	Ms Meghan Noonan	Director of Primary Care
East Wimmera Health Service	Mr Geoffrey Lord	Director of People & Culture
East Wimmera Health Service	Dr Md Rafiqul Islam	Director of Medical Services

Notes to the Financial Statements
East Wimmera Health Service
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Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	1,313	1,022

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

Transactions with KMPs and other related parties

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

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

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

Notes to the Financial Statements
East Wimmera Health Service
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Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	28	27
Total remuneration of auditors	**28**	**27**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Notes to the Financial Statements
East Wimmera Health Service
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Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Grampians Rural Health Alliance (GRHA)	Information Technology Services	3.35	3.44

	2026 $'000	2025 $'000
Total revenue and income	465	429
Total expenses	(466)	(394)
Total net result	(1)	35
Total other economic flows	-	-
Comprehensive result for the year	(1)	35
Total assets	1,242	1,002
Total liabilities	1,066	821
Total equity	176	181

Contingent liabilities and capital commitments

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