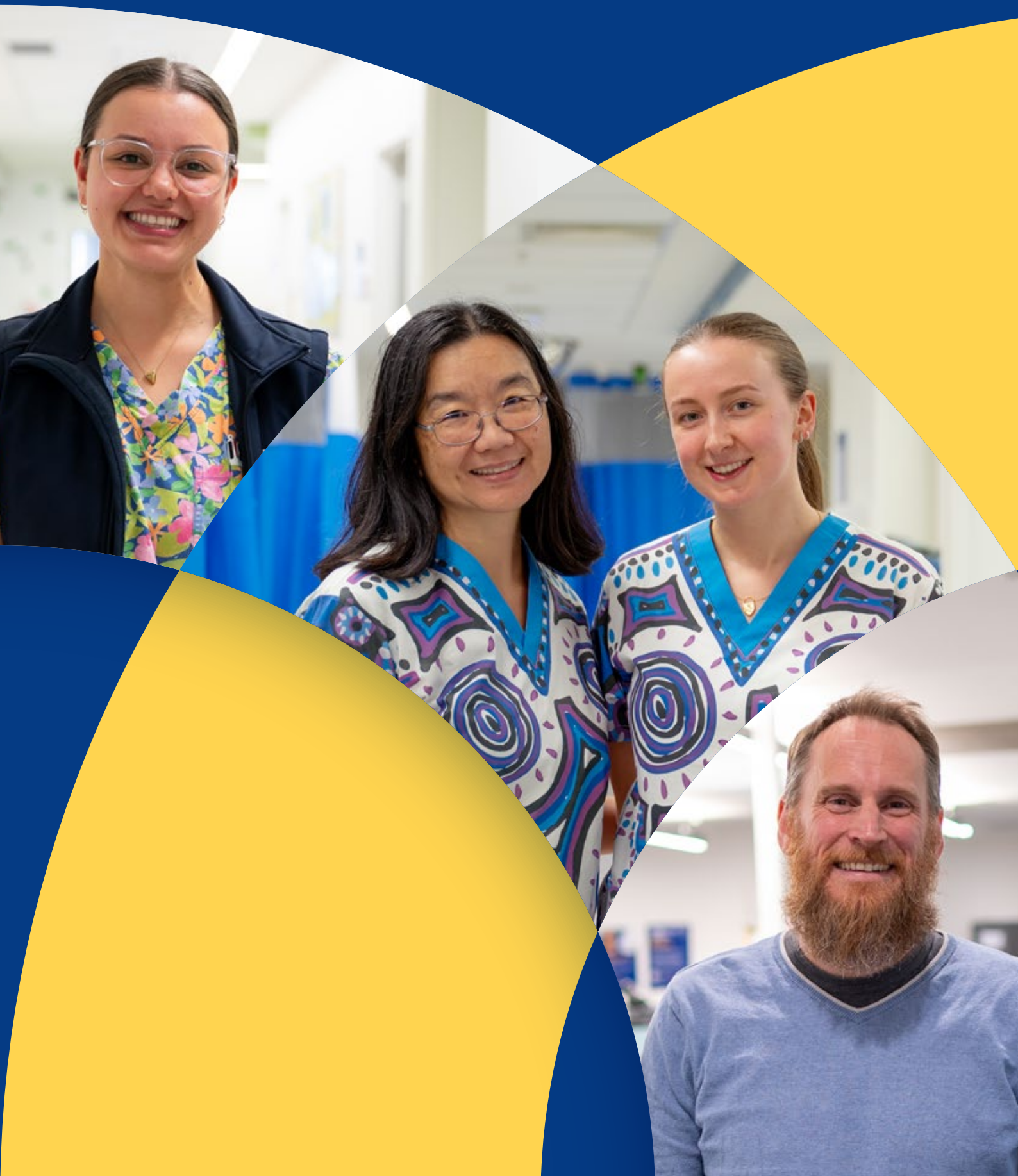
Annual Report 2025–26

Eastern Health



Eastern Health

Our promise

Healthier together

Values in action

- Respect for all
- Safe always
- Partnering in care
- Learning and improving everyday

Eastern Health catchments

Geographically, Eastern Health covers the municipalities of Boroondara, Knox, Manningham, Maroondah, Whitehorse, and Yarra Ranges. Since its establishment in July 2000, Eastern Health has played a pivotal role in the provision of public health services in Melbourne's east and partners with community healthcare providers, such as general practitioners, community health services and affiliated healthcare agencies.



Eastern Health acknowledges the traditional custodians of the land upon which our health service is built, and we pay our respects to their elders past and present. Eastern Health is an inclusive healthcare service.

Aboriginal and Torres Strait Islander people are advised that this publication may contain images of deceased persons.

Eastern Health strives to be an inclusive healthcare service.

Introduction

The *Annual Report 2025–26* provides information about Eastern Health campuses, services, staff, and operational achievements and challenges during the financial year.

Eastern Health publications are available on its website at www.easternhealth.org.au

The *Annual Report 2025–26* will be presented to the public at the Eastern Health annual meeting which will be advertised on the Eastern Health website.

Responsible bodies declaration

Attestations and declarations

Financial Management Compliance Attestation

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

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



Mr Eugene Arocca
Eastern Health Board Chair
19 August 2026

Data Integrity Declaration

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



Professor Helen Cooper
Eastern Health Chief Executive
19 August 2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

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



Professor Helen Cooper
Eastern Health Chief Executive
19 August 2026

Conflict of Interest Declaration

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



Professor Helen Cooper
Eastern Health Chief Executive
19 August 2026

Integrity, Fraud and Corruption Declaration

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



Professor Helen Cooper
Eastern Health Chief Executive
19 August 2026

Child safety commitment statement

Eastern Health is a child safe organisation, committed to promoting the wellbeing and cultural safety of Aboriginal and Torres Strait Islander children, children with disabilities and all children in their diversity.

Modern slavery statement

Eastern Health is committed to safe workplaces, to limiting the risk of modern slavery within its operations and supply chains, and to the eradication of modern slavery.

Manner of establishment

As a public health service established under section 181 of the *Health Services Act 1988* (Vic), Eastern Health reported to the Victorian Minister for Health, Minister for Ambulance Services, The Hon Mary-Anne Thomas MP from 1 July 2025 to 15 April 2026 and Minister for Health, Minister for Ambulance Services, Minister for Water, Hon Harriet Shing MP 15 April 2026 to 30 June 2026.

We also reported to the Victorian Minister for Mental Health, Minister for Ageing, The Hon Ingrid Stitt MP from 1 July 2025 to 30 June 2026, and Victorian Minister for Health Infrastructure The Hon Melissa Horne from 1 July 2025 to 30 June 2026.

In addition, we reported to the Victorian Minister for Disability, Minister for Children The Hon Lizzie Blandthorn MP from 1 July 2025 to 30 June 2026.

The functions of a public health service Board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

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Our Board Chair and Chief Executive

Year in Review 2025–26: A year of improvement, innovation and partnership

2025–26 has been a defining year for Eastern Health. Marked by new leadership, investment in healthcare infrastructure, internationally recognised clinical excellence, and a renewed focus on delivering equitable and culturally safe care for our communities.



Mr Eugene Arocca
Board Chair



Professor Helen Cooper
Chief Executive

> Across every campus and service, our commitment has remained the same: delivering safe, high quality and compassionate care, ensuring our services continue to evolve, meeting the needs of our growing region.

This year, Eastern Health has expanded access to services closer to home, strengthened partnerships across the health system and embedded innovation into everyday care.

Together with staff, volunteers, consumers, partners, and the community, Eastern Health embraced opportunities to innovate and improve.

Across every campus and service, our commitment has remained the same: delivering safe, high quality and compassionate care, ensuring our services continue to evolve, meeting the needs of our growing region.

Leadership and governance

Welcoming new leadership

In April 2026, new Chief Executive Prof Helen Cooper was appointed, marking a new chapter for Eastern Health. Helen has held senior executive roles with Murrumbidgee Local Health District, Gold Coast University Hospital and Queensland Health, and most recently Chief Executive Officer at Peninsula Health. In addition to her executive roles, Helen is a Registered Nurse. Under Helen's leadership, Eastern Health will continue to build a culture that empowers staff to continue delivering high-quality healthcare that embraces the needs of our rapidly growing community.

Honouring outgoing leadership

Following an outstanding period of leadership at Eastern Health, we acknowledge the resignation of Adj. Prof David Plunkett.

David's leadership shaped Eastern Health through significant periods of transformation. Throughout his near two decades at Eastern Health and 10 years served as Chief Executive, David led the organisation through periods of unique challenges like the COVID-19 Global Pandemic. He also led the organisation through a period of change in transforming the brand identity of Eastern Health and helping secure essential infrastructure upgrades.

His commitment to staff and the broader community helped strengthen the organisation's reputation for clinical excellence, innovation, and collaboration.

New Board Chair

Eastern Health welcomed Eugene Arocca as Board Chair in October 2025, applying his extensive experience in leadership across health, government, and community sectors.

After two decades practicing as a lawyer, Eugene held senior leadership roles at Collingwood Football Club, served as CEO of North Melbourne Football Club, and led Motorsport Australia for 12 years. He is committed to supporting Eastern Health's growth, strengthening partnerships, and ensuring the continued delivery of exceptional care.

Investing in better care

Investment in facilities, technology and new models of care, improves access to healthcare closer to home, supporting safer, more efficient, and better connected services.

Across Eastern Health, significant projects were progressed and completed during 2025–26, with communities continuing to benefit from contemporary facilities and expanded healthcare options.

Mental health and wellbeing hub – Ringwood

Following the development of the new state-of-the-art facility in Ringwood, Eastern Health expended its community-based services with the move into the building in August 2025. Bringing a range of teams together in modern facility, the new hub supports greater service integration, improved access to care and a stronger focus on dignity and connection for consumers.

> "Throughout the year, Eastern Health continued to achieve outstanding clinical outcomes while receiving recognition for excellence across a range of specialist services."

Angliss Hospital redevelopment

The $112 million redevelopment will provide a significant boost for the region, supporting the needs of a growing population and increasing demand for healthcare services across Knox and the Yarra Ranges.

The redevelopment will replace ageing infrastructure and delivers new, modern, purpose-built clinical facilities designed to support contemporary models of care for patients and staff.

The new three-story clinical building features 32 additional inpatient beds, 4 new operating theatres, expanded allied health and outpatient services and an upgraded Central Sterile Supply Department (CSSD).

New stroke imaging suite

The introduction of the new stroke imaging suite at Box Hill Hospital represents an important investment in treatment enhancing access to timely diagnosis and treatment. Access to advanced imaging technology within dedicated clinical environments supports timely decision making, allowing clinicians to deliver the right treatment as quickly as possible, when every minute matters. Supporting our ongoing commitment to World Stroke Organisation Stroke Accreditation, this technology enables the delivery of advanced stroke care on site, improving access to timely treatment for patients.

Expanding women's health services

Access to specialist women's healthcare has taken a crucial step forward, with Eastern Health selected as one of few health services to establish a dedicated Women's Health Clinic as part of the Victorian Government's four-year commitment to open 20 specialised clinics across the state.

The new clinic, which opened in August 2025, improves access to specialist care for women across Melbourne's east, reducing barriers to treatment by delivering more services closer to home. It provides expert care for a range of conditions including pelvic pain, heavy menstrual bleeding, prolapse and incontinence, contraception, and menopause.

By expanding access to specialist services within the community, Eastern Health is helping ensure women can access timely, coordinated care closer to where they live, improving both patient experience and long-term health outcomes.

Local Health Service Network

Since 1 July 2025, Eastern Health has worked alongside Alexandra District Health, Yea & District Memorial Hospital and St Vincent's Hospital Melbourne as part of the East Metro and Murrindindi Local Health Service Network (LHSN).

A key milestone in the LHSN has been the introduction of a new Oncology Clinic at Alexandra District Health, delivered in partnership with Eastern Health.

The clinic supports patients living in regional communities to access specialist oncology care closer to their home, reducing the need to travel for appointments and helping people remain connected to their families, support networks, and local communities throughout treatment.

> "The key benefit of the Local Health Service Network is providing patients with comprehensive care much closer to home."
>
> "Many regional patients miss out on timely cancer care simply because they live too far from specialist services. This clinic makes it easier for people to receive the care they need."
>
> **Dr Yang Wang**
> Eastern Health Medical Oncologist

In February 2026, the boards of Eastern Health and Alexandra District Health formally recommended a voluntary amalgamation to improve local area access, enhance clinical coordination and share workforce and training initiatives.

Delivering clinical excellence

Throughout the year, Eastern Health continued to achieve outstanding clinical outcomes while receiving recognition for excellence across a range of specialist services.

Eastern Health was recognised internationally for excellence in stroke care, reflecting the expertise, collaboration and commitment of multidisciplinary teams working across the organisation.

In April 2026, Eastern Health Box Hill received another World Stroke Organisation (WSO) Platinum Award, making it the only hospital in Australia to have achieved a Platinum Status three consecutive times.

By May, Box Hill Hospital secured its first Diamond Stroke Status, a fourth consecutive World Stroke Organisation Angels award for the team. Diamond status recognises excellence in hyperacute stroke treatment, including outstanding door-to-needle times for thrombolysis. The award acknowledges the dedication of the multidisciplinary stroke team, whose efforts ensure timely access to care, specialised stroke nursing support, and provision of tailored health interventions.

Improving patient flow through innovation

Our commitment to delivering timely, high-quality care was recognised through the Timely Emergency Care 2 (TEC2) program, with both Eastern Health Box Hill and Eastern Health Maroondah receiving statewide recognition for improving patient flow and access to care.

Eastern Health Box Hill received the Outstanding Overall Improvement Award, recognising sustained improvements that exceeded the program's objectives. Through strong clinical leadership and targeted improvement initiatives, including the return of the Geriatric Emergency Department Intervention (GEDI) model, admission rates were reduced by 11% and sustained for more than 12 months. The site also achieved a 15% reduction in inpatient length of stay, improving access to care, while enhancing the experience of older patients.

Eastern Health Maroondah received the Sustained and Significant Improvement Award after achieving a 15% reduction in length of stay for geriatric patients, equating to almost one full day in hospital. The achievement reflects a coordinated redesign of inpatient and operational processes, with improvements extending beyond emergency care to reduce delays in subacute services and strengthen short stay medical care.

Together, these awards recognise the dedication of clinical, operational and improvement teams across Eastern Health, continue to challenge existing practices, test original approaches, and embed meaningful improvements into everyday care. By improving patient flow and ensuring people receive the right care, in the right place, at the right time, these initiatives are delivering better outcomes for patients while strengthening the efficiency and sustainability of the health service.

Research, innovation and discovery

Research and innovation continue to shape the future of healthcare at Eastern Health, ensuring patients benefit from evidence-based care, improved models of service delivery and the latest clinical advances. Throughout 2025–26, researchers, clinicians, and academic partners worked together to translate research into practice, improve patient outcomes, and strengthen capability across the organisation.

A significant achievement was the continued translation of research into clinical practice such as the Accelerating Research Translation (ART) initiative. The program supported clinicians to lead local improvement projects, resulting in greater delivery of care aligned with clinical guidelines and increased confidence among staff implementing evidence-based practice.

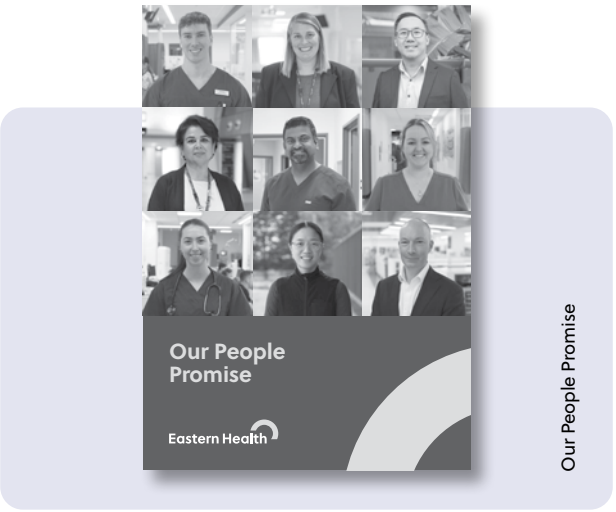
Eastern Health maintains the focus on fostering a culture of innovation and improvement through strong partnerships, clinical research, and initiatives that support the translation of evidence into practice. By empowering staff to develop and implement new ideas, the organisation strengthened patient care and service delivery while reinforcing it's reputation as a learning health service committed to excellence.

Putting people first

Exceptional healthcare begins with exceptional people. Across every role, discipline and service, Eastern Health's workforce is united by a shared commitment to delivering safe, compassionate, and person-centred care for our community.

Throughout the year, Eastern Health continued to invest in the wellbeing, development, and safety of its people, recognising that a supported and engaged workforce is essential to delivering the highest standard of care. From strengthening leadership capability to fostering a culture where every employee feels valued, heard, and empowered, these investments are helping create an environment where both our people and our patients thrive.

The launch of the 'Our People Promise' was a significant milestone during the year, providing a clear commitment to the experience every employee should expect throughout their career at Eastern Health. Together with the development of the organisation's new strategy (to be launched in 2026), the 'Our People Promise' establishes a solid foundation for an inclusive, respectful, and high-performing workplace, where everyone is encouraged to contribute, grow and succeed.



Progress continued through the implementation of the Gender Equality Action Plan, initiatives informed by the annual People Matter Survey, and ongoing investment in workforce health, safety, learning, and professional development. Eastern Health's commitment to creating safer workplaces was recognised nationally when Allied Health Assistant and Health and Safety Representative Scott Miller received the National Health and Safety Award, highlighting the importance of strong safety leadership and culture.

Building an inclusive health service

Creating culturally safe, welcoming, and inclusive healthcare environments remained a priority throughout 2025–26.

The launch of the latest Eastern Health Reconciliation Action Plan represented an important milestone in strengthening relationships with Aboriginal and Torres Strait Islander peoples while embedding cultural safety across the organisation.

National Reconciliation Week provided opportunities for staff, consumers and community members to come together, reflect, learn, and strengthen our shared commitment to reconciliation.

Other initiatives throughout the year included the introduction of Aboriginal-designed scrubs in partnership with Worawa Aboriginal College, the unveiling of artwork by local indigenous artists, such as Simone Thompson.

Celebrating milestones

Alongside a year of growth, innovation and transformation, Eastern Health celebrated our people, services and achievements that have helped shape the organisation over many decades. By the end of 2025–26 Financial Year, we had 58 staff members achieve 20 years of service at Eastern Health. These anniversaries and individual milestones reflect a proud history of service, compassion, and innovation, while recognising those whose contributions continue to strengthen healthcare across Melbourne's east and beyond.

Thirty years of the Eastern Centre Against Sexual Assault

Since opening in March 1995, the Eastern Centre Against Sexual Assault (ECASA) has provided trauma-informed care, advocacy and support for individuals and families affected by sexual assault, while working alongside communities to reduce the incidence and impact of sexual violence. For 30 years, the service has become a trusted source of care, education and leadership, empowering victim-survivors and championing their right to recovery and healing.

Reflecting on the milestone, Acting Manager Nikki Harris-Allan acknowledged not only the service's achievements, but the resilience of the many people who have sought support through ECASA.

Thirty years of Turning Point

Turning Point also marked its 30-year anniversary, celebrating three decades as a national leader in addiction treatment, research, and education.

Operating since 1995, Turning Point has been responding to community needs and health reform, helping shape evidence-based approaches to addiction.

As one of Eastern Health's Statewide Services, the work at Turning Point continues to influence policy, research, and clinical practice across Australia.

Forty years of Peter James Centre

Eastern Health Peter James Centre celebrated 40 years of caring for geriatric patients and supporting rehabilitation across Melbourne's east in December 2025.

The Peter James Centre has played a key role in helping patients regain independence, recover from illness and injury, and return home with confidence. Forty years on, the centre continues to build on a legacy of compassionate, person-centred care.

Honouring outstanding contributions

Eastern Health also celebrated individuals whose dedication and leadership have made significant contributions to healthcare, the organisation, and the broader community. Rita Brown was awarded the Medal of the Order of Australia (OAM) in the 2026 Australia Day Honours, recognising her lifelong contribution to community mental health as a lived experience advocate, carer, and leader.

Rita has been a passionate advocate for people living with borderline personality disorder and complex trauma, helping improve awareness, education and support for individuals, families, and carers across Australia.

Eastern Health physician Dr Dov Degen was also awarded the Medal of the Order of Australia (OAM) in the 2026 King's Birthday Honours for his service to medicine and mental health. As a respected general physician, Dr Degen has combined clinical excellence with courageous advocacy, openly sharing his lived experience of bipolar disorder to challenge stigma and encourage greater understanding of mental illness within healthcare and the wider community.

Together, these milestones celebrate more than years of service; they recognise the enduring impact of people and services whose compassion, expertise and commitment continue to shape Eastern Health and improve the lives of the communities we serve.

Looking ahead

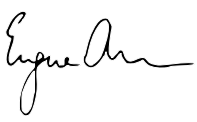
As Eastern Health looks to the future, the organisation is positioned to build on the momentum of the previous year.

With new leadership, a renewed organisational strategy and continued focus on infrastructure, innovation, and partnerships, Eastern Health will continue responding to the evolving healthcare needs of our growing communities.

The year ahead will focus on delivering more connected care, expanding services closer to home, and ensuring every individual receives safe, equitable and patient-centred care.

Driven by our values, Eastern Health remains focused on creating healthier communities today, whilst preparing for the challenges and opportunities of tomorrow.

We remain committed to our promise:
Healthier together.



Mr Eugene Arocca
Eastern Health
Board Chair



Professor Helen Cooper
Eastern Health
Chief Executive

Finance Committee Chair and Chief Financial Officer



Dr Bob Mitchell AM
Chair
Finance Committee



Rama Devarajan
Chief Finance Officer
Eastern Health

> Our planned activity and service targets were met this year allowing Eastern Health to generate $1.85 billion of revenue. We continue to strive to control our operating expenditure containing overall cost growth to 5.3% despite several changes in enterprise bargaining agreements over the year.

The Net Operating Result

The Net Operating Result is the key financial measure which Eastern Health is monitored against in its Annual Statement of Priorities signed by the Board Chair and the Minister for Health for the financial year.

The deficit result of $5.2 million is marginally below the breakeven target set in the Statement of Priorities target and continues to show improvement compared against the prior two years. The health service generated revenue of $1.85 billion of which this deficit result represents 0.3%.

The net results from transactions includes items such as depreciation and amortisation and capital income. A reconciliation of the Net Results from Transactions to the Net Operating Result is included on the next page.

Cash management was a priority for Eastern Health with a slight increase in cash of $7.5 million generated which enabled a closing cash balance of $102.7 million. During the year, Eastern Health was able to invest further in its digitisation of patient records, complete critical building works including the Angliss redevelopment and further its spend on important medical equipment. The investment in capital projects allows Eastern Health to provide appropriate patient care for future years.

Activity levels and costs

Operating activity revenues excluding capital revenue grew by 7.4% and enabled the continued delivery of essential services to our community through the year. Our planned activity and service targets were met this year allowing Eastern Health to generate $1.85 billion of revenue. We continue to strive to control our operating expenditure containing overall cost growth to 5.3% despite several changes in enterprise bargaining agreements over the year.

For 2026–27, Eastern Health's management team, as in prior years, has prepared a comprehensive operating budget program for revenue and expenditure, accompanied by detailed activity schedules for all our programs. Management and the Board will continue to ensure the best patient care outcomes for our community while managing financial performance.



Dr Bob Mitchell AM
Chair
Finance Committee



Rama Devarajan
Chief Finance Officer
Eastern Health

Summary of financial results

Reconciliation between the Net Result from transactions reporting in the financial statements to the Operating Result as agreed in the Statement of Priorities.

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Operating result*	**(5,227)**	**(25,075)**	**(72,003)**	**(75)**	**497**
Total revenue	1,845,487	1,718,014	1,562,699	1,510,559	1,447,856
Total expenses	1,865,245	1,771,803	1,666,618	1,553,213	1,435,616
Net result from transactions	(19,758)	(53,789)	(103,919)	(42,654)	12,240
Total other economic flows	4,925	(1,064)	3,876	(16,546)	13,015
Net result	**(14,833)**	**(54,853)**	**(100,043)**	**(59,200)**	**25,255**
Total assets ($'000)	2,036,676	1,970,129	1,992,599	1,702,764	1,627,650
Total liabilities ($'000)	711,856	630,475	595,684	587,519	559,548
Net assets ($'000)	1,324,820	1,339,654	1,396,915	1,115,245	1,068,102
Total equity	**1,324,820**	**1,339,654**	**1,396,915**	**1,115,245**	**1,068,102**

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

	2026 $'000	2025 $'000	2024 $'000
Net Operating result	**(5,227)**	**(25,075)**	**(72,003)**
Capital purpose Income	95,929	82,881	61,076
Capital expenses (including SaaS)	(5,020)	(3,976)	(3,672)
Depreciation and Amortisation	(105,440)	(107,619)	(89,320)
Net Result from Transactions	**(19,758)**	**(53,789)**	**(103,919)**

2025–26 at a glance

Our performance

1,656,533
episodes of patient care
5.5%

151,224
emergency department presentations
1.9% – (excluding MH) that's one person every 3.3 minutes

161,089
patients admitted for acute care
3.3%

43,966
theatre cases
4.5%

357,553
specialist clinic appointments
2.2% – outpatient appointments attended

8,543
patients admitted for acute care aged under 18
2.7%

42,192
ambulance arrivals to our three emergency departments
0.3% – approximately one ambulance every 12.5 minutes

4,110
babies delivered
1.8% – that's one birth every 2.1 hours

1,517
beds as per AIMS A3 submission
0.9%

4,818
patients on the elective surgery waiting list
1.7%

18,373
patients admitted for elective surgery
1.2%

3,455
patients admitted to our mental health inpatient units
2.6%

343,067
occasions of service provided by mental health community services
14.6%

Our people

104
nationalities make up the Eastern Health workforce

35
staff who identify as Aboriginal and Torres Strait Islander

23.2%
male

1%
self-describe/ other

75.8%
female



About us



Our strategy

At the heart of our strategic plan is a promise.

This promise of 'Healthier together' is to ourselves, to each other and to the community. It is only in working together that each one of us can lead our best and healthiest lives. It is with this promise that we call ourselves and our community to action for a healthier future. The intent of this promise is woven through each of the four strategic goals and associated strategies in the plan.

Strategic goals

Enabled and empowered people

- Together we enable the success of our people
- Partner with our staff to build an engaged and sustainable workforce
- Extend our capability as a learning organisation
- Develop workforces of the future through strong partnerships with universities and training partners
- Build our use of clinical and data informatics and analytics to support high-quality decisions

Excellent care and experiences

- Together we deliver the best health care experiences and outcomes
- Continuously strengthen our partnerships with patients, consumers and the community to enable shared decision making and co-designed care
- Connect clinical practice, research and teaching to advance care and outcomes through dedicated Centres of Excellence
- Deliver care closer to home through new care models and leveraging technology
- Enhance impacts on care through increased research collaboration with universities

Safe and welcoming

- We create and come together in spaces that are safe and welcoming
- Ensure employee wellbeing and engagement
- Enhance our capacity to be an equitable and inclusive health service
- Strengthen our safety culture to prevent harm
- Create environments that welcome our diverse communities

Optimising resources

- Working together we continuously improve our resource deployment
- Partner to create better outcomes for our community
- Pursue opportunities to deliver modern, fit for purpose technology, equipment and infrastructure
- Enhance value and reduce waste in our systems and services through innovation
- Drive financial sustainability

Values in action

Our strategic plan identifies four values in action:

- **Respect for all**
- **Safe always**
- **Partnering in care**
- **Learning and improving every day**

These are the behaviours that we believe matter the most in how we carry out our work and interact with each other. They drive how we care for our patients and support the community. These values in action represent and convey so much more than their short statements. They embody who we are as individuals, teams, a workforce and as an organisation.

To view the Eastern Health Strategic Plan, visit **www.easternhealth.org.au**

Our promise

Healthier together

Values in action

Respect for all

Safe always

Partnering in care

Learning and improving every day

- Enabled and empowered people
- Excellent care and experiences
- Safe and welcoming
- Optimising resources



Who we are

Eastern Health is one of Melbourne's largest metropolitan public health services.

We provide a range of emergency, surgical, medical and general healthcare services including maternity, palliative care, mental health, drug and alcohol, residential care, community health and statewide specialist services to people and communities that are diverse in culture, age, socio-economic status and healthcare needs.

Services located across

2,816

square kilometres

The largest geographical area of any metropolitan health service in Victoria



12,087

total number of staff at Eastern Health – 60% of whom live in the community we serve

(as at 29 May 2026)

8,834

females

2,578

males

677

self describe/other

250

volunteers engaged across 40 volunteer programs throughout our sites

154,573

course completions in iLearn

(1 July 2025 – 29 June 2026)

56,653

face to face fully attended training sessions

(1 July 2025 – 29 June 2026)



Student placements

Number of students and placement days across professions

Profession	Number of students	Number of placement days
Allied Health Assistant	13	196
Art Therapy	1	27
Dietetics	63	1,866
Health Services Assistance	12	120
Medicine	1,637	64,490
Medical Laboratory Science	7	560
Mental Health Peer Work	2	20
Midwifery	229	2,557
Nuclear Medicine	7	248
Nursing (Enrolled)	230	3,890
Nursing (Registered)	1,910	29,161
Occupational Therapy	158	3,455
Pharmacy	83	1,500
Physiotherapy	304	5,059
Podiatry	12	240
Psychology	43	1,114
Radiology/Med Imaging	81	2,903
Social Work	52	2,398
Sonography	8	487
Speech Pathology	56	1,038
Total	**4,908**	**121,329**

Eastern Health organisational profile

Larger campuses

- Eastern Health Angliss
- Eastern Health Blackburn
- Eastern Health Box Hill
- Eastern Health Healesville
- Eastern Health Lilydale
- Eastern Health Maroondah
- Eastern Health Peter James
- Eastern Health Richmond
- Eastern Health Ringwood
- Eastern Health Wantirna

Corporate functions

- Clinical Governance
- Eastern Health Foundation
- Eastern Health Institute
- Finance and Procurement
- Infrastructure and Digital
- Legal and Corporate Governance Services
- People and Culture
- RACS and Support Services
- Strategy, Improvement and Experience
- Transformation
- Professional Governance: Medical, Nursing and Midwifery and Allied Health

Clinical programs and services

Eastern Health provides 69 distinct clinical services which are delivered under two Directorates, **Clinical Operations** and **Mental Health and Clinical Support**.

These are supported by a range of services including medical imaging, pathology and pharmacy services, and non-clinical support services. The access teams ensure efficient use of our resources through the allocation and management of patient flow through our hospital system.

The directorates are led by the Executive Director of Clinical Operations and Executive Director of Mental Health, Clinical Support and Transformation who are responsible for overall delivery of their respective clinical programs.

Directorate	Program	Clinical Service Group	
Clinical Operations	**Care@Home and Acute Specialists**	**1.** Aboriginal Health **2.** Acute Specialist Clinics **3.** Aged Care Assessment Service **4.** Ambulatory Subacute Early Response Team **5.** Chronic Rehabilitation **6.** Community Health **7.** Community Rehabilitation Program **8.** District Nursing **9.** Early Stroke Discharge **10.** GEM@Home	**11.** Rehab@Home **12.** General Practice Clinic **13.** Hospital Admission Risk Program **14.** Hospital in the Home **15.** Hospital in the Home – Oncology **16.** Residential Inreach **17.** Subacute Ambulatory Care Services **18.** Talk to You Tomorrow **19.** Transition to Care Program
	Critical Care and Access	**20.** Cardiology **21.** Emergency Services	**22.** Intensive Care
	Medicine	**Complex and continuing care** **23.** Acute Care of the Older Person **24.** Geriatric Medicine **25.** Rehabilitation **Acute Medicine** **26.** General Medicine **27.** Perioperative Medicine **Cancer Services** **28.** Oncology **29.** Haematology **30.** Palliative Care **31.** Voluntary Assisted Dying	**Speciality Medicine** **32.** Advanced Care Planning **33.** Infection Prevention and Control **34.** Infectious Diseases **35.** Respiratory **36.** Gastroenterology **37.** Dermatology **38.** Neurosciences **39.** Renal services **40.** Endocrinology **41.** Rheumatology **42.** Obstetric Medicine **43.** Diagnostic Services (sleep, respiratory and neurodiagnostics lab)
	Surgery and Anaesthetics	**44.** Anaesthetics **45.** Breast and Endocrine **46.** Colorectal **47.** Ear, Nose and Throat **48.** General Surgery **49.** Gynaecology **50.** Obstetric	**51.** Ophthalmology **52.** Orthopaedic **53.** Paediatric **54.** Plastic **55.** Upper GI, Bariatric and Thoracic **56.** Urology **57.** Vascular
	Women and Children	**58.** Eastern Centre Against Sexual Assault **59.** Gynaecology **60.** Neonates	**61.** Obstetrics **62.** Paediatrics **63.** Victorian Paediatric Rehabilitation Service
Nursing and Midwifery, RACS and Support Services	**RACS**	**64.** RACS	**65.** Support Services
Mental Health, Clinical Support and Transformation	**Mental Health and Wellbeing**	**66.** Child and Youth	**67.** Adult and Older Adult
	Statewide Services	**68.** Spectrum	**69.** Turning Point
	Medical Imaging		
	Pathology		
	Pharmacy		

Our governance



The responsible Minister is the Minister for Health:

Hon Harriet Shing MP
(from 15 April 2026 – 30 June 2026)
Minister for Health
Minister for Ambulance Services

The Hon Mary-Anne Thomas MP
(from 1 July 2025 to 13 April 2026)
Minister for Health
Minister for Ambulance Services

The Hon Ingrid Stitt MP
Minister for Mental Health
Minister for Ageing
Minister for Multicultural Affairs

The Hon Lizzie Blandthorn MP
Minister for Children
Minister for Disability

The Hon Melissa Horne MP
Minister for Health Infrastructure

Our Board of Directors

Eastern Health is a public health service as defined by the *Health Services Act 1988* and is governed by a Board of Directors consisting of up to nine members appointed by the Governor in Council on the recommendation of the Victorian Minister for Health.

The Board must perform its functions and exercise its powers subject to any direction given by the Minister for Health and subject to the principles contained in the *Health Services Act 1988*, and *Public Administration Act 2004*.

The Board is responsible for the governance of Eastern Health and is responsible for its financial performance, strategic direction, quality of healthcare services and for strengthening community involvement through effective partnerships.

The Board is responsible for ensuring Eastern Health performs its functions under Section 65 of the *Health Services Act 1988*, including the requirement to develop statements of priorities and strategic plans, and to monitor compliance with these statements and plans. The Board also has responsibility for the appointment of the Chief Executive.

The Eastern Health by-laws enable the Board to delegate certain authority. The by-laws are supported by the Instrument of Delegation of Authority, enabling designated Executives and staff to perform their duties through exercising specified authority. The Directors contribute to the governance of Eastern Health collectively as a Board. The Board normally meets monthly, and 12 meetings are scheduled each financial year.

Eastern Health is a Public Health Service as defined by the *Health Services Act 1988*.

Our Board of Directors is responsible for maintaining and monitoring the performance of systems to ensure that our services meet the needs of the community.

The board ensures that we achieve our objectives, meet our statutory obligations, and encourage accountability, integration and collaboration across all levels of the organisation.

2025–26 also saw several of our Board and Executive Directors leave Eastern Health due to the conclusion of their appointed tenure, retirement or to follow new opportunities.

Eastern Health would like to acknowledge the significant contribution of the following Board Directors:

- Mr Tass Mousaferiadis
- Ms Sally Freeman

Eastern Health would also like to acknowledge the following who were part of the leadership team during 2025–26:

- Adj Prof David Plunkett
- A/Prof Alison Dwyer

During 2025–26, Eastern Health Board Directors were:

- **Mr Tass Mousaferiadis – Chair (until September 30 2025)**
  BEd Grad Dip HealthEd Grad Cert BusMgt GAICD
  Appointed Chair of Eastern Health 1 July 2019
- **Mr Eugene Arocca – Chair (from 1 October 2025)**
  B Juris LLB MAICD
  Appointed Chair of Eastern Health 1 October 2025
- **Prof Ross Coppel AO**
  MBBS BMedSci DTM&H (Lon) PhD FAHMS FASM
  Appointed 1 July 2024
- **Ms Sally Freeman**
  Chartered Accountant, GAICD BCom CEW
  Appointed 1 July 2020
- **Mrs Penny Hutchinson**
  BA(Hons) MA AMusA FCA
  Appointed 1 July 2019
- **Dr Bob Mitchell AM**
  LLB MPhil GradDipTax MThSt PhD FAICD
  Appointed 1 July 2019
- **Ms Fiona Prestedge**
  BA Grad Dip Org Psych Grad Cert E&IR GAICD
  Appointed 1 July 2025
- **Mr Joe Morrison**
  BA LMgt
  Appointed 1 July 2024
- **Dr Angela Williams**
  MBBS MForensMed MBA GAICD MPH/MHM FFFLM(UK) FFCFM(RCPA) AFRACMA PRI NMAS LLB GDLP
  Appointed 1 July 2020



Board attendance record 2025–26 (to 30 June 2026)

In the letters of appointment (to the Board) the Minister sets out the expectation that Board Directors will attend at least 75% of Board meetings each year. Health services are required to provide an annual report to the Department of Health on Board Directors' attendance.

Board	First Term	Term number	Expiry of term	Board meeting	Extraordinary Board	Via Circular	Annual Report	Budget meeting
Mr Eugene Arocca	1 Oct 2025	1	30 Jun 2028	8/8	2/2	2/2	N/A	N/A
Mr Tass Mousaferiadis	8 Dec 2015	4	30 Sep 2025	3/3	2/2	N/A	1/1	1/1
Prof Ross Coppel AO	1 July 2024	1	30 Jun 2026	10/11	4/4	2/2	1/1	1/1
Ms Sally Freeman	1 July 2020	2	30 Jun 2026	10/11	4/4	2/2	1/1	1/1
Mrs Penny Hutchinson	1 July 2021	2	30 Jun 2027	10/11	2/4	2/2	1/1	1/1
Dr Bob Mitchell AM	1 July 2019	3	30 Jun 2028	10/11	2/4	2/2	1/1	1/1
Mr Joe Morrison	1 July 2024	1	30 Jun 2026	7/11	3/4	2/2	1/1	1/1
Ms Fiona Prestedge	1 July 2025	1	30 Jun 2027	11/11	4/4	2/2	1/1	1/1
Dr Angela Williams	1 July 2020	3	30 Jun 2027	9/11	4/4	2/2	1/1	1/1

Committee Meetings	Audit and Risk Committee	Community Advisory Committee	Finance Committee	Quality and Safety Committee	People and Culture Committee	PCPHAC
Mr Eugene Arocca*	2/3	4/4	7/7	4/4	2/2	1/1
Mr Tass Mousaferiadis**	2/2	0/1	2/2	1/1	1/1	
Prof Ross Coppel AO			8/9	4/5		0/1
Ms Sally Freeman	5/5		9/9			
Mrs Penny Hutchinson	4/5		9/9	4/5		
Dr Bob Mitchell AM	5/5	5/5	8/9			
Mr Joe Morrison		4/5			1/3	0/1
Ms Fiona Prestedge				4/5	3/3	
Dr Angela Williams				5/5	2/3	1/1

* Currently observing all committees

** Tenure concluded 30 September 2025

Purpose, functions, powers and duties

The core objective of Eastern Health is to provide public health services in accordance with the principles established as guidelines for the delivery of public hospital services in Victoria under section 17AA of the *Health Services Act 1988*. The other objectives of Eastern Health, as a public health service, are to:

- Provide high-quality health services to the community which aim to meet community needs effectively and efficiently.
- Integrate care as needed across service boundaries to achieve continuity of care and promote the most appropriate level of care to meet the needs of individuals.
- Ensure that health services are aimed at improvements in individual health outcomes and population health status by allocating resources according to best-practice healthcare approaches.
- Ensure that the health service strives to continuously improve quality and foster innovation.
- Support a broad range of high-quality health research to contribute to new knowledge and take advantage of knowledge gained elsewhere.
- Operate in a business-like manner which maximises efficiency, effectiveness and cost-effectiveness, and ensures the financial viability of the health service.
- Ensure that mechanisms are available to inform consumers and protect their rights, and to facilitate consultation with the community.
- Operate a public health service, as authorised by or under the Act.
- Carry out any other activities that may be conveniently undertaken in connection with the operation of a public health service or calculated to make more efficient any of the health service's assets or activities.



Board committees

In accordance with the *Health Services Act 1988*, the Board of Directors is supported by several committees and advisory committees. The responsibilities of each committee are set out in its terms of reference.

Each committee is required to report to the Board through its minutes and may make recommendations. The minutes of each committee meeting are introduced by the relevant Committee Chair and discussed by the Board.

Audit and Risk Committee

Chair:

- Mrs Penny Hutchinson

Members:

- Ms Sally Freeman
- Dr Bob Mitchell AM
- Mr Tass Mousaferiadis (until September 30 2025)
- Mr Eugene Arocca (ex officio from 1 October 2025)

The purpose of the Audit and Risk Committee is to assist the Board to discharge its responsibilities by having oversight of the integrity of the financial statements and financial reporting systems of Eastern Health; liaison with the Victorian Auditor-General or the Auditor General's nominee; the internal auditor's qualifications, performance, independence and fees; and the financial reporting and statutory compliance obligations of Eastern Health.

In accordance with the Standing Directions under the *Financial Management Act 1994*, the committee is comprised of three or more Board Directors. All members are independent. The committee has assisted the Board to exercise its financial and risk management responsibility throughout the year.

Community Advisory Committee

Chair:

- Dr Bob Mitchell AM

Co-Chair:

- Mr Paul Roche

Members:

- Mr Joe Morrison
- Mr Tass Mousaferiadis (until 30 September 2025)
- Mr Eugene Arocca (ex officio from 1 October 2025)

The role of the Community Advisory Committee is to provide direction and leadership in relation to the integration of consumer, carer and community views at all levels of health service operations, planning and policy development, and to advocate to the Board on behalf of the community, consumers and carers.

Members of the committee representing the community in which Eastern Health operates were Mr Paul Roche (Community Member Co-Chair); Mr Bill Bennett; Ms Dilnaz Billimoria, Ms Meryn Carter, Ms Kate Corrigan; Mr Gerard McDonald, Mr Radhesh Pandey, Ms Karen Pomeranz, Ms Joanne Marchione; Ms Daniele Noel, Mr Hamish Russell, Ms Roberta Styles-Wood.

Some of the activities that members participated in included ongoing involvement in planning workshops, consumer forums, governance committees and quality improvement projects.

For more information about the Community Advisory Committee, visit **www.easternhealth.org.au**.

Finance Committee

Chair:

- Ms Sally Freeman

Members:

- Prof Ross Coppel AO
- Mrs Penny Hutchinson
- Dr Bob Mitchell AM
- Mr Tass Mousaferiadis (until 30 September 2025)
- Mr Eugene Arocca (ex officio from 1 October 2025)

The primary function of the Finance Committee is to assist the Board in fulfilling its responsibilities to oversee Eastern Health's assets and resources.

It reviews and monitors the financial performance of Eastern Health in accordance with approved strategies, initiatives and goals.

The committee makes recommendations to the Board regarding the Eastern Health financial performance, financial commitments and financial policy.

The committee has assisted the Board to exercise its financial stewardship responsibility throughout the year.

Quality and Safety Committee

Chair:

- Prof Ross Coppel AO

Members:

- Mrs Penny Hutchinson
- Ms Fiona Prestedge
- Dr Angela Williams
- Mr Tass Mousaferiadis (until 30 September 2025)
- Mr Eugene Arocca (ex officio from 1 October 2025)

The Quality and Safety Committee is responsible to the Board for ensuring that safe, effective and accountable systems are in place to monitor and improve the quality and safety of health services provided by Eastern Health and that any systemic problems identified with the quality and safety of health services are addressed in a timely manner. It also ensures Eastern Health strives to continuously improve quality and safety and foster innovation; and that clinical risk and patient safety are managed effectively. The committee has assisted the Board to exercise its clinical governance responsibility throughout the year.

People and Culture Committee

Chair:

- Ms Fiona Prestedge

Members:

- Mr Joe Morrison
- Dr Angela Williams
- Mr Tass Mousaferiadis (until 30 September 2025)
- Mr Eugene Arocca (ex officio from 1 October 2025)

The primary purpose of the People and Culture Committee is to oversee the Eastern Health People and Culture and Workplace Health and Safety strategies, and compliance with government policy in relation to the remuneration of the Chief Executive, to ensure realisation of the Eastern Health Strategic Plan and espoused culture.

Primary Care and Population Health Advisory Committee

Chair:

- Dr Angela Williams, Board Director

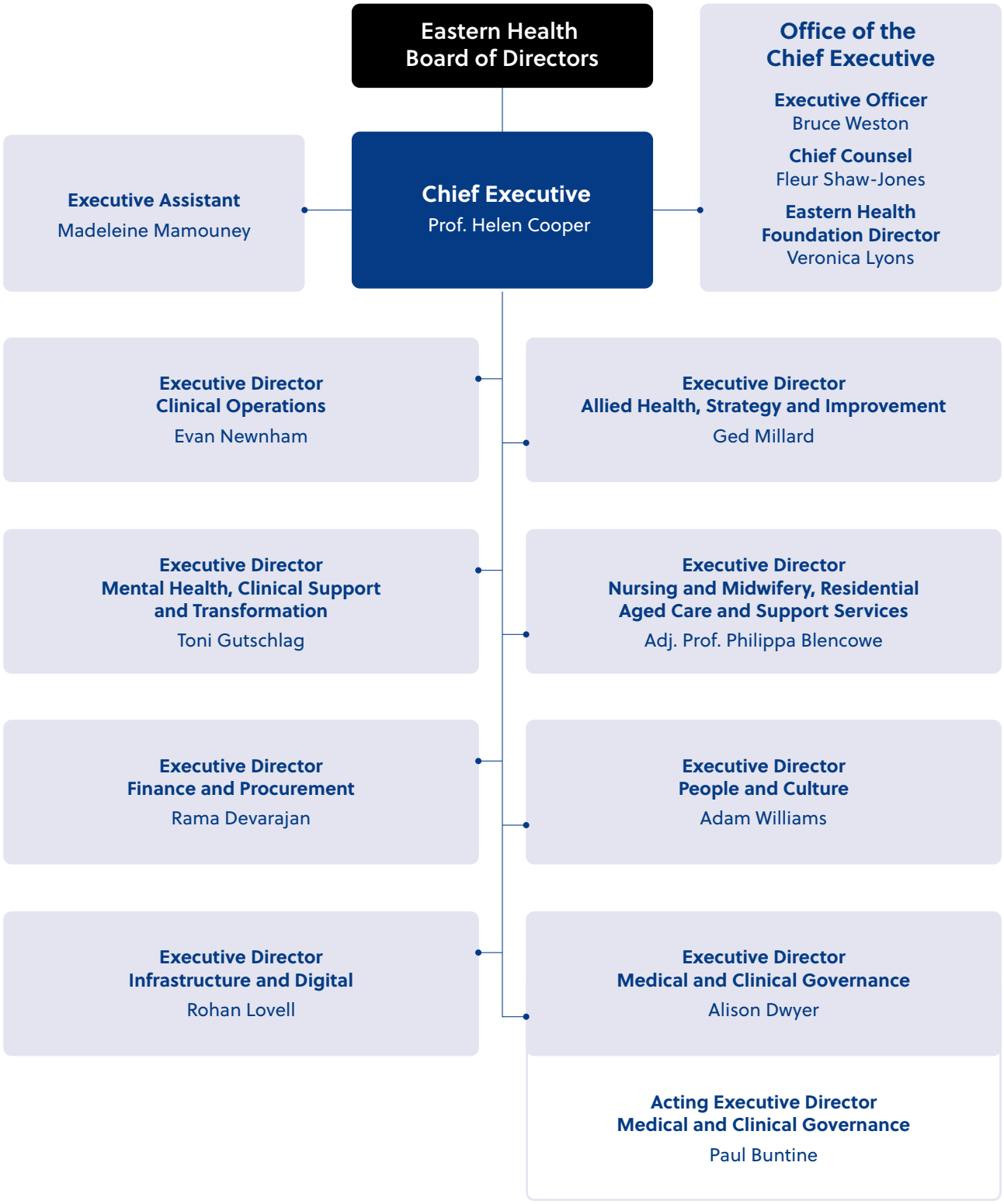
Members:

- Mr Joe Morrison
- Prof Ross Coppel AO
- Mr Eugene Arocca (ex officio from 1 October 2025)
- Prof. Helen Cooper, Chief Executive Eastern Health
- Ms Toni Gutschlag Executive Director Mental Health, Clinical Support and Transformation, Eastern Health
- Ms Natalie Sullivan, Chief Executive EACH
- Ms Annaleise Van Diemen, Director Northeast Melbourne Public Health Unit
- Ms Anna Robinson, Chief Executive Access Health & Community
- Ms Janine Wilson, Chief Executive Eastern Melbourne Primary Health Network
- Ms Agata Jarbin, Chief Executive Health Ability

The role of the Primary Care and Population Health Advisory Committee is to monitor and report to the Board on the effective implementation of the Primary Care and Population Health Plan and any barriers to its successful implementation.

Organisational structure

The structure of Eastern Health comprises nine directorates with responsibility for the management of organisational operating systems and organisational performance.



Executive profiles



Prof. Helen Cooper

MBA, RN

Chief Executive
April 2026 – present

Helen leads a comprehensive range of high quality, acute, sub-acute, mental health, residential care and community health services to people and communities.

Eastern Health has services across the largest geographical area of any metropolitan health service in Victoria and is supported by 12,001 staff and 199 volunteers.

Helen was previously the Chief Executive Officer for the Peninsula Care group in Bayside Health. She has also held senior roles with Murrumbidgee Local Health District, Gold Coast Hospital and Queensland Health.

As a Registered Nurse, Helen is an experienced health service leader with a demonstrated history of working in the hospital and healthcare industry, and is skilled in healthcare, governance, leadership and performance improvement.

Helen has had executive responsibility for many new hospital infrastructure builds leading tender processes, design and operationalisation, including the recently opened $1.16 billion Peninsula University Hospital.

She has a Master of Business Administration from Central Queensland University and is a Graduate from the Australian Institute of Company Directors.

Helen is a Professor with the Faculty of Medicine, Nursing and Health Sciences at Monash University. Helen is also an experienced Board Director holding Non-Executive Director positions on a number of Boards.



Adj. Prof. Philippa Blencowe

MACN, AAICD, RN Post Grad Cert Health Administration, Master of Nursing

Executive Director

Nursing and Midwifery, Residential Aged Care and Support Services

Adjunct Professor Philippa Blencowe is the Chief Nursing and Midwifery Officer at Eastern Health, providing strategic leadership and oversight for more than 5,300 nurses and midwives across the organisation. In addition to this key leadership role, she holds executive responsibility for Residential Aged Care and Non-Clinical Support Services.

A Registered Nurse with a strong clinical and administrative background in both England and Australia, Philippa has extensive experience across a range of healthcare settings. Her career has included roles in surgical and coronary care nursing, intensive care management, Hospital in the Home, quality improvement, access and flow, and senior professional and clinical operations leadership.

Philippa is deeply committed to supporting the nursing and midwifery workforce, championing safe, high-quality care, and advocating for patients and their families.

She holds qualifications in Critical Care, a Postgraduate degree in Health Administration, and a Master of Nursing Practice. Philippa is also an Adjunct Professor at Deakin University, contributing to the development of future leaders.



Mr Rama Devarajan

BCom(Hon); MBA; ASCPA

Executive Director

Finance and Procurement

Rama has had an extensive career, having worked in several senior finance roles in mining and mining service companies over three decades across the world.

His entry into health was as the Chief Financial Officer at Peninsula Health before moving to Eastern Health in 2025.

He brings an expert background in financial management, risk, business strategy, and planning. Rama and works closely with the Board and Executive team.

Executive profiles (continued)



Ms Toni Gutschlag

EMPA BSW

Executive Director

Mental Health, Clinical Support and Transformation

Toni is an experienced Health Executive.

Joining Eastern Health in 2023 from New Zealand where she had worked for over 25 years leading national and regional system reform and health service operations.

Toni has extensive experience in strategy and performance improvement, emergency and recovery responses, and leading integrated primary, community and hospital care models.

She is responsible for several programs at Eastern Health including, Mental Health and Wellbeing, Statewide Services, Medical Imaging, Pathology, Pharmacy and Transformation.



Ms Ged Millard

B.App.Sci (Physio), MClin Ed

Executive Director

Allied Health, Strategy and Improvement

Ged Millard has over 30 years' experience in the health sector, predominantly in public health. She has worked overseas in Canada and New Zealand in acute settings to community-based service.

Her education roles are inclusive of clinical and university-based instruction, along with course development.

Her breadth of experience also extends to work in quality systems, improvement and clinical governance roles.

Ged also has operational management experience across Allied Health specific teams and broader clinical service teams, including her role as Associate Program Director Specialty Medicine Ambulatory Care at Eastern Health.



Adj. Clin. A/Prof Evan Newnham

MBBS FRACP PhD MBA (Healthcare Management)

Executive Director

Clinical Operations

Evan commenced at Eastern Health in 2008 as a Gastroenterologist and General Physician and completed his PhD through the Eastern Health Clinical School.

Evan has held several clinical leadership roles in General Medicine and Emergency Services and supported the early iterations of Clinical Council through the pandemic.

He is responsible for the Clinical Operations Directorate supporting the Programs of Medicine, Critical Care and Access, Women and Children, Surgery and Anaesthetics and, Care at Home and Specialist Clinics.



Mr Adam Williams

BCom

Executive Director

People and Culture

Adam Williams is a senior People and Culture executive with more than 20 years' experience leading People and Culture functions across Australia and internationally. He brings expertise in workforce planning, organisational development, leadership and capability, industrial and employee relations, culture and engagement, and leading complex change in large organisations.

Adam joined Eastern Health following more than a decade with CSL, where he held senior HR leadership roles supporting Australia, Asia-Pacific and Global Operations.

Earlier in his career he held HR leadership roles with Visy, Jetstar and Mondelez, building broad experience across complex, large-scale organisations.

As Head of People and Culture at Eastern Health, Adam leads the organisation's people strategy and workforce agenda, overseeing people operations, Organisational Development, Workplace Relations, Leadership and Capability, Workforce Planning, Occupational Health, Safety and Wellbeing, and Communications.



Mr Rohan Lovell

BArch, B.B Env (Arch), GAICD

Executive Director

Infrastructure and Digital

Rohan commenced at Eastern Health in February 2023.

With over 20 years of strategic Infrastructure, Building and Corporate Support Services experience, Rohan was previously the Director of Property and Asset Services at Fire Rescue Victoria and Director of Infrastructure and Support Services at Barwon Health.

He provides a strategic and collaborative approach to the ongoing organisational transformation and sustainable growth for Eastern Health.

Rohan holds a degree in Architecture with additional tertiary qualifications in Risk and Project Management.

Our people



Working at Eastern Health

Eastern Health is committed to strengthening its greatest asset; its people. Eastern Health strives to be a high-performing, safe, and values-driven organisation supported by a passionate and diverse workforce.

Supporting, developing, and learning from our people is central to our continued success. Eastern Health invests in leadership capability to ensure our leaders can attract, develop, and retain top talent in healthcare.

This commitment is supported through strategic workforce planning and a strong focus on diversity, equity, inclusion, and employee wellbeing. 'Our People Promise' reinforces these priorities by fostering an inclusive culture, strengthening leadership, listening to staff, supporting career growth, promoting a safe workplace, improving systems, and delivering an outstanding employee experience.

Employment and conduct principles at Eastern Health

Eastern Health champions equal opportunity, assessing all employees and applicants based on merit and maintaining a workplace free from unlawful discrimination in all its forms.

- At Eastern Health, we foster respectful working relationships within a safe and inclusive workplace, free from bullying and discrimination. Behaviours that fall short of our values are addressed promptly and appropriately.
- Our guiding principles align with the *Public Administration Act 2004 (Vic)*, reflecting the core public sector values of integrity, accountability, impartiality, respect, responsiveness, leadership, and a strong commitment to human rights.
- Employment decisions are fair, transparent, and merit based.
- All individuals are treated with fairness, dignity, and respect.
- Equitable access to employment and opportunities for career development and progression is promoted.
- Human rights are upheld in line with the *Victorian Charter of Human Rights and Responsibilities Act 2006*.
- Clear and accessible processes are in place to address concerns about unfair or unreasonable treatment.
- A safe, healthy, and supportive work environment is maintained for all employees.
- Meaningful career pathways are supported, enabling growth and progression within public healthcare.

Industrial relations

During 2025–26, Eastern Health had several enterprise agreements that underwent renegotiation:

- Health and Allied Services, Managers and Administrative Workers (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2025–2027 – Agreement successfully voted up in May 2026, awaiting approval in the Fair Work Commission.
- Medical Scientists, Pharmacists and Psychologists Victorian Public Sector (Single Interest Employers) Enterprise Agreement 2021–2025 expired – Bargaining in progress.
- Victorian Public Mental Health Services Enterprise Agreement 2025–2028 – effective from 2 March 2026.
- Allied Health Professionals (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2021–2026 – Expired and currently in negotiations.
- Doctors in Training (Victorian Public Health Sector) (AMA Victoria/ASMOF) (Single Interest Employers) Enterprise Agreement – Expired 28 February 2026 and is currently in negotiation to be merged with the Medical Specialists (Victorian Public Health Sector) (AMA Victoria/ ASMOF) (Single Interest Employers) Enterprise Agreement 2022–2026 which expired also on 28 February 2026.

Our people highlights

12,087
total number of staff at Eastern Health
(as at 29 May 2026)

677
self describe/other
1% of workforce

60%
staff live in the community we serve

8,834
females
75.8% of workforce

104
nationalities make up the Eastern Health workforce

86
age of oldest employee

2,578
males
23.2% of workforce

35
staff who identify as Aboriginal and Torres Strait Islander

18
age of youngest employee

Supporting, developing, and learning from our people is central to our continued success. Eastern Health invests in leadership capability to ensure our leaders can attract, develop, and retain top talent in healthcare.

Workforce data

Eastern Health is committed to overseeing all aspects of employment, including recruitment, training, promotion, and safeguarding of our employees.

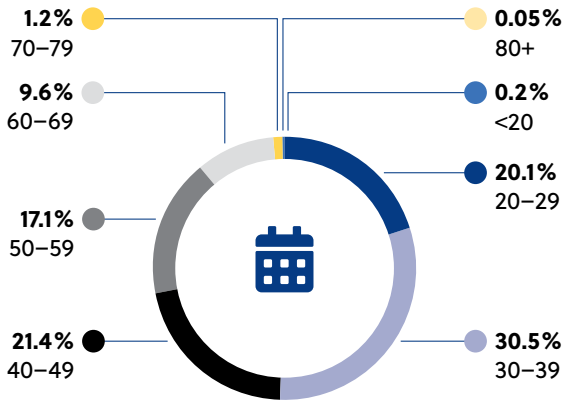
Eastern Health upholds policies and procedures to ensure we treat all with respect and strive for equality.

Eastern Health provides a safe working environment valuing collaboration, respect, care and aim to live our values every day.

	June Current Month FTE		Average Monthly FTE	
Labour Category	**2025–26**	**2024–25**	**2025–26**	**2024–25**
Administration and Clerical	1,145.1	1,126.7	1,133.2	1,119.9
Ancillary Support Services	861.9	826.7	836.1	816.9
Hospital Medical Officers	813.3	804.7	825.4	807.2
Hotel and Allied Services	372.2	374.6	372.6	382.8
Medical Officers	150.2	131.7	144.6	138.8
Medical Support Services	763.0	744.8	751.5	738.7
Nursing Services	3,545.5	3,469.0	3,481.0	3,403.4
Sessional Clinicians	333.3	333.8	324.8	306.0
Total	**7,984.5**	**7,812.1**	**7,869.1**	**7,713.7**

Workforce age breakdown

Age group	Number of staff	Percentage
< 20	24	0.2%
20–29	2427	20.1%
30–39	3677	30.5%
40–49	2580	21.4%
50–59	2060	17.1%
60–69	1161	9.6%
70–79	139	1.2%
80+	6	0.05%



A2i Awards: Inspiring excellence across Eastern Health

The annual A2i Awards recognise and celebrate individuals and teams who consistently go above and beyond, bringing the Eastern Health values to life through their outstanding contributions. The awards also highlight excellence in key focus areas including workplace safety and wellbeing, sustainability, consumer participation, Aboriginal health and wellbeing, and volunteer engagement.

More than 400 nominations were received across the 12 award categories, reflecting the extraordinary dedication, innovation and impact of Eastern Health staff, volunteers and teams. Finalists were shortlisted at the directorate level, with winners selected by members of the Eastern Health Executive. To ensure strong community representation in the judging process, special guest judges were invited to assess selected categories, including a member of the Community Advisory Committee for the Consumer Participation Award and an Aboriginal Community member for the Bunjil's Spirit Award.

Award recipients were recognised at the A2i Awards Ceremony held on 4 December as part of the Eastern Health Annual Meeting. The event brought together award winners, colleagues and leaders to celebrate the remarkable achievements of individuals and teams whose contributions continue to strengthen, inspire and uplift our organisation.



Bunjil's Spirit Award for Excellence in Aboriginal Health and Wellbeing

Josette O'Donnell
Clinical Risk Manager Aboriginal and Torres Strait Islander Health





Consumer Participation

Lived Experience Consumer Consultant Team-Spectrum
Ruth Deane and Bronwen Coleman

Lived Experience Consumer Consultant Team – Mental Health
Zoe Lethbridge, William Lau, Ella Roberts and Nadia Rigoni

West Ward Wantirna Health Multidisciplinary Team



Diversity and Inclusion Champion

West Ward Wantirna Health Multidisciplinary Team



Eastern Health Foundation

Michael Maher
Consumer





Excellent Care and Experiences

Clare Neale
Nurse Unit Manager
Maroondah IPU 1

Geriatrician in the ED initiative (GEDI) Project
Dr Katrina Sands and
Dr Jonathan Beavers



Learning and Improving Every Day

Microbiology and Molecular Team



Partnering in Care

Dr Peter Lee
Obstetrician and Gynaecologist



Resource Optimisation

ICT Application, Modern Workplace and Portfolio Teams



Respect for All

Bessie Wong
Wantirna Health Pharmacy Manager and Senior Palliative Care Pharmacist



Rising Leader

Sarah Lindsay-MacFayden
Acting Team Leader, Clinical Nurse Consultants, Supportive and Palliative Care Consultancy Service



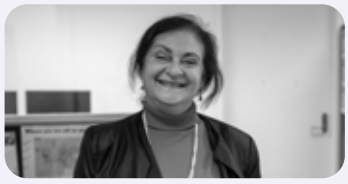
Safe Always

Scott Miller
Allied Health Assistant



Volunteer Representative

Jasmine Stander-Neef
Volunteer – Murnong Maroondah Hospital



Consumer Representative

Dilnaz Billimoria
Consumer Representative

Occupational health and safety

At Eastern Health, people are central to securing a healthy future for the community we serve. We continue to focus on ensuring staff are safe, healthy and supported by creating a values-based, safe workplace.

Definitions

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

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

Accepted WorkCover claims: Accepted WorkCover claims that were lodged in 2025–26.

Lost time: Time lost that is greater than one day.

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

Occupational health and safety

Occupational health and safety statistics	2023–24	2024–25	2025–26
The number of reported hazards/incidents for the year per 100 FTE	29.6	32.9	31.1
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.9	1.1	2.0
The average cost per WorkCover claim for the year ('000)	$91,354	$59,482	$63,000

Occupational violence

Occupational violence statistics	2024–25	2025–26
WorkCover accepted claims with an occupational violence cause per 100 FTE Number of accepted	0.20	0.28
WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.4	1.39
Number of occupational violence incidents reported	1,289	1,150
Number of occupational violence incidents reported per 100 FTE	16.5	14.4
Percentage of occupational violence incidents resulting in a staff injury, illness, or condition	45.8%	51.9%

Our performance



Measuring our performance

Eastern Health takes a risk-based approach to monitoring and improving how we provide care to achieve the best outcomes for our patients, their families and loved ones, and the community as a whole.

Reporting of performance occurs at all levels of the organisation to ensure priorities and achievements are aligned with the Eastern Health strategy. A broad range of clinical and performance indicators are benchmarked against our peers at a state and national level.

Eastern Health's performance against key priorities of the state government are publicly available on the Victorian Agency for Health Information website: **vahi.vic.gov.au**

Eastern Health is accredited against all mandatory industry standards as well as a range of voluntary standards that apply across a variety of services and campuses. For example:

- Eastern Health underwent an organisation-wide NSQHSS assessment and was fully reaccredited by the Australian Council on Healthcare Standards (ACHS) in 2024 under the Short Notice Assessment Program (SNAP).
- A range of Eastern Health services are accredited by the Australian Aged Care Quality Agency.
- Eastern Health pathology laboratories, medical imaging and cardiology services are accredited under their respective industry standards.

Credentialing of trainee positions across a range of medical streams is completed by relevant professional colleges on various cycles, usually between three and five years.

Compliance with these industry standards and credentialing processes ensures we can be confident in the systems, processes and quality of care we provide to all our patients and the community, regardless of location or service type.

Recommendations and suggestions we receive as a result of activities such as accreditation, audits and other service reviews allow Eastern Health to focus improvement efforts on those things that will have the greatest impact on the quality and safety of its services.

Performance against Statement of Priorities: Part A

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Innovate and improve access and care		
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.	Eastern Health continued to strengthen consumer engagement and partnership in care. A new initiative has been to ensure staff learn about the Eastern Health Partnering in Healthcare Framework through an orientation session delivered in partnership with a consumer. Key actions from the Eastern Health Community Participation Plan have been progressed. This includes implementation of a consumer remuneration framework and exploring different ways of engaging with consumers and community members. As a result, consumer representatives and community members partner with Eastern Health in an increasing variety of activities including committees, projects, focus groups, training sessions and interview panels. These partnerships help shape improvements, redesign care and enhance patient experience.
	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.	Eastern Health continued to strengthen clinical governance, safety review and reporting systems to support transparent, accurate and fair decision-making. Work progressed to improve incident review processes, clinical governance reporting and data quality, with a focus on identifying safety themes, supporting timely escalation and enabling evidence-informed action. These improvements support a safety culture in which learning, accountability and continuous improvement are embedded across the organisation.
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Eastern Health continued to strengthen improvement capability through the Improvement Capability Dosing Model, encompassing awareness, foundational and intermediate continuous improvement programs, with advanced masterclasses in coaching and sponsoring improvement under development for executives and leaders. The Learning and Improving Everyday initiative further supported capability, collaboration and awareness through the Improvement Community of Practice, monthly Learning and Improvement Forums, weekly Clinical Operations presentations, improvement capability delivery and planning for the inaugural bi-annual Improvement Showcase. Work also progressed to strengthen improvement governance through an enhanced evidence-informed triage process, including assessment of team effectiveness, improvement readiness and strategic priority alignment, supported by improved access to tools, templates, guidance and training resources via the enhanced Continuous Improvement SharePoint site. Communication platforms, including Viva Engage, were used to promote improvement activity, share learning and increase visibility of improvement work, supported by strengthened governance reporting to monitor progress, alignment and impact.

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Innovate and improve access and care (continued)		
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement all relevant standards outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	Eastern Health continued to support implementation of the Standards for Safe and Timely Ambulance and Emergency Care through the TEC 2026 program and broader Access and Flow improvement initiatives, aligned to the three-year Access and Flow Plan and supported by TEC 2026 30/60/90-day planning. Key activities included establishing TEC 2026 governance structures, implementing patient flow improvement initiatives, strengthening tiered escalation and huddle processes, developing demand and escalation management approaches, and supporting multidisciplinary improvement work focused on reducing delays in care and improving flow across the organisation.
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	Eastern Health continued to progress planned surgery reform and theatre optimisation initiatives to improve access, efficiency and use of available capacity. Work focused on increasing surgical throughput, supporting same-day and short-stay models of care, improving utilisation and strengthening monitoring of planned surgery performance. These initiatives supported delivery of planned surgery activity and contributed to ongoing efforts to reduce waiting times and improve timely access to care.
	Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).	Eastern Health continued to actively manage planned surgery and specialist clinic waitlists through validation, targeted review and service redesign. Long-waiting patients remained a focus, with patients supported into appropriate care pathways and alternative models where clinically suitable. Specialist clinic improvement works also continued to strengthen demand management, streamline access and reduce unnecessary waiting, particularly for patients requiring timely review and follow-up.

Performance against Statement of Priorities: Part A (continued)

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Innovate and improve access and care (continued)		
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	Progress mental health reform: Implement mental health services per department guidelines and engage in reform related initiatives to improve access to community mental health services, crisis reforms, Headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	Eastern Health continued to support implementation of mental health reform priorities through service development, workforce initiatives and actions to improve access and flow to both bed-based and community treatment services. Several improvement initiatives were undertaken to improve timely access, whilst ensuring any person presenting for bed-based treatment could access care in a timely manner, irrespective of their place of residence. Demand pressures remained significant, and work continued to strengthen discharge pathways, workforce stability and service responsiveness across the Mental Health and Wellbeing Program.
	Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the zero-suicide framework and reducing compulsory treatment.	Eastern Health continued to participate in improvement activity aligned with Safer Care Victoria priorities for mental health safety and quality. Importantly, the Mental Health and Wellbeing Program maintained efforts across all of the identified Safer Care Victoria projects focused on reducing restrictive interventions; improving sexual safety; and extension of the Zero Suicide framework to the adult cohort. Ongoing monitoring of seclusion, readmission and patient flow indicators informed targeted improvement activity and supported continued focus on safer, least restrictive and person-centred care.
	Progress partnerships, whether through a formal partnership, MoU or exchange of letters, with local community based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the *Mental Health and Wellbeing Act 2022*, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing.	Eastern Health continued to strengthen partnerships that support mental health reform and more integrated care through the ongoing strong relationship with Wellways, Access Health and Oonah to deliver the Yarra Ranges Local, as well as commencing the Ringwood Mental Health Local. Collaboration with sector, government, education and community partners supported workforce development, service improvement, research and specialist capability. The Infant, Child and Youth Mental Health Service (ICYMHS) maintained strong relationships with the four Headspaces in the region. These partnerships contributed to the objectives of the *Mental Health and Wellbeing Act 2022* by supporting more connected, compassionate and responsive mental health and wellbeing services.

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Prudent, sustainable and effective use of resources		
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	Eastern Health continued to progress financial sustainability initiatives within Government parameters. Budget planning, financial monitoring and procurement activity supported responsible resource management and informed planning for the year ahead. While financial pressures continued across the health system, Eastern Health maintained focus on delivering sustainable budgets, strengthening oversight and supporting actions aligned to the Budget Action Plan.
	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.	Eastern Health continued to strengthen the use of data, analytics and performance reporting to support evidence-informed decision-making. Activity planning, operational reporting and digital analytics initiatives improved visibility of demand, productivity and opportunities to reduce inefficiency. These improvements supported more informed planning, performance monitoring and prioritisation of initiatives that contribute to financial sustainability and operational performance.
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost-of-service delivery, improve safety, capacity and reduce unnecessary waiting.	Eastern Health continued to implement initiatives that support efficient use of funding and optimisation of patient-facing services. Improvement work focused on increasing capacity, reducing unnecessary waiting, strengthening access and improving the efficiency of care delivery. These initiatives supported better use of available resources while maintaining focus on safety, quality and timely care for patients and consumers.

Performance against Statement of Priorities: Part A (continued)

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
A stronger workforce		
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.	Eastern Health continued to progress workforce sustainability, employee experience and legislative obligations under the *Gender Equality Act 2020*, including development of a Gender Pay Gap (GPG) dashboard and embedding use of gender inclusive language in policy and practice to support a more inclusive workplace for staff of all gender identifies. Workforce initiatives focused on leadership development, staff engagement, wellbeing, professional development and inclusive workplace practices. This includes initiatives to support diversity through partnering with work experience placement for Year 10 students to challenge gendered assumptions about health roles and broaden awareness, embedding DEI principles in recruitment and onboarding training (Together sessions and Recruitment workshops), delivering Mentoring and Shadowing development programs to strengthen visibility of women in leadership and enhance capability development for staff identifying as Culturally and Linguistically Diverse (CALD). The Eastern Health talent and succession framework incorporates a deliberate gender lens in the identification and assessment of high potential talent and succession planning. Gender equality reporting and planning activities also progressed, supporting a more equitable, capable and sustainable workforce able to deliver safe, high-quality care.
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	Eastern Health continued to mature its use of workforce data and insights to support planning and decision-making. Survey results, workforce reporting and local action-planning tools were used to identify priorities, inform conversations with teams and support targeted improvement. These activities contributed to stronger strategic workforce planning and improved visibility of workforce experience, capability and capacity.

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Improving Aboriginal health and wellbeing		
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.	Eastern Health continues to strengthen the delivery of high-quality cultural safety training through an organisational wide approach underpinned by the Reconciliation Action Plan 2025–2027 and Cultural Safety Plan 2024–2026. The next iteration of the Cultural Safety Action Plan 2026–2028 will be launched during NAIDOC week 2026. The partnership with Wandoon Estate Aboriginal Corporation at Coranderrk, provided staff with meaningful, community led learning experiences grounded in local cultural knowledge. Mandatory Cultural Awareness training remains in place for all staff, achieving 92% completion, and has been expanded with education sessions delivered by the First Nations Health Team to complement program areas and engaging independent Aboriginal providers to enhance discipline specific cultural capability.
	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 priorities the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	Eastern Health continues to build and sustain strong, ongoing partnerships with Aboriginal Community Controlled Organisations (ACCOs), Aboriginal Community Controlled Health Organisations (ACCHOs), and recognised community leaders across the Eastern Metro Region. These partnerships are embedded through formal governance structures, including the Aboriginal Health Advisory Committee and the Closing the Health Gap Committee, which bring together Elders, Community representatives and ACCOs to provide structured input into organisational planning and service delivery. Engagement is ongoing and proactive, with quarterly meetings, collaborative initiatives and co-design processes ensuring Aboriginal voices, self-determination and cultural knowledge inform decision making. Partnerships have been further strengthened with additional MoUs developed with Worawa Aboriginal College and the Victorian Child and Community Agency (VACCA).

Performance against Statement of Priorities: Part A (continued)

Achieved Ongoing

Goals	Health Service Deliverable	Status Update
Improving Aboriginal health and wellbeing (continued)		
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.	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Eastern Health continues to ensure culturally appropriate systems are in place to support the identification of Aboriginal and Torres Strait Islander patients and the delivery of responsive care pathways. Strong performance in the Point of Care (POC) audit and Improvement initiative demonstrates high rates of "asking the question" supporting accurate data capture, improved service planning and targeted care. The Aboriginal Hospital Liaison Officer (AHLO) team based at all campuses and the Aboriginal Health Team (narkwarren yaludak), based at Healesville, plays a critical role in coordinating culturally responsive care, supporting patients throughout their hospital journey and contributing to discharge planning processes. Partnerships with ACCOs and community services strengthen referral pathways and continuity of care following discharge. Targeted models of care, including the First Nations Cancer Clinic (nangak warr bagora), the introduction of a dedicated First Nations Cancer Care Nurse position and the executive prioritisation of improving Discharges Against Medical Advice (DAMA) rates for First Nations patients further enhances access to culturally safe services.
Moving from Competition to Collaboration		
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	Eastern Health continues to work with Local Health Service Network partners to support a more integrated and collaborative health system. Planning and partnership activity progressed across access, equity and flow, workforce, safety and quality, and shared service priorities. This work supported improved coordination between health services and contributed to shared planning for more sustainable, high-quality and accessible care across the network. All common initiatives have either been completed or are on track, with the majority of local initiatives (11 of 14) progressing to plan, with three experiencing delays against initial timelines.

Managing our risks

Eastern Health takes a balanced and systematic approach to risk management to ensure timely identification of both threats and opportunities.

The enterprise risk management system enables proactive assessment and management of risks in alignment with the mandatory requirements of the Victorian Government Risk Management Framework (VGRMF).

The Eastern Health Risk Management Strategy outlines a path forward to progress the organisation's risk maturity and culture. The strategy further strengthens the integration of risk management into key organisational systems and processes, to guide consistent, effective and transparent decision making across the organisation.

The Audit and Risk Committee provides oversight over risk management, with a focus on maintaining a strong and effective control environment across all risk domains. Clear governance, supported by timely monitoring and reporting, enables our leaders to prioritise resources towards managing our biggest risks.

Effectively managing our risks prevents the disruption of critical health services, supports our promise of healthier together and ensures the ongoing safety of our patients, staff and community.

Accreditation

Eastern Health demonstrates its commitment to safe and high-quality care through external accreditations against a wide range of industry standards, including the National Safety and Quality in Health Service (NSQHS) Standards, Aged Care Quality and Safety Standards, General Practices Standards, Diagnostic Imaging Standards and Pathology Standards.

Successful accreditation under these industry standards demonstrates that our systems, processes and practices meet nationally recognised benchmarks for quality and safety, giving the community confidence in the care we provide. In 2025–26, Eastern Health Pathology services and the Healesville GP (General Practice) clinic were successfully reaccredited.

Partnering with consumers

Eastern Health partners with consumers to improve its services and systems and is committed to fostering meaningful consumer and community partnerships at all levels.

The Community Advisory Committee is an advisory committee to the Eastern Health Board of Directors. The committee includes 12 community members from a range of communities and backgrounds. The Committee is co-chaired by a community member and helps bring the voice of consumers, carers and the community into how Eastern Health plans, develops and improves its services.

Eastern Health actively engages consumers, family members, carers and community members and has 78 consumer representatives on its consumer representative register. As of June 2026, 57 consumer representatives participated in governance committees and contribute to research, projects and improvement work across Eastern Health. Consumer representatives are provided with further opportunities to contribute their views and experiences in training and education for the workforce.

In 2025–26, Eastern Health progressed actions outlined in the Community Participation Plan 2025–26. This included the implementation of a Consumer Remuneration Policy, providing financial recognition for consumer representatives, consumers and community members who contribute to organisational activities, while supporting equitable and inclusive consumer engagement.

Eastern Health also partnered with consumer representatives to host the Consumer and Community Forum, themed Strength in Diversity. The forum provided an opportunity to showcase organisational achievements, celebrate diverse perspectives, and strengthen relationships with the community.

Aboriginal cultural safety

Aboriginal and Torres Strait Islander health and cultural safety

Eastern Health continued to implement actions aligned with the Cultural Safety Plan 2024–2026 during the reporting period. Executive prioritisation of reducing Discharges Against Medical Advice (DAMA) for First Nations patients is a continued focus on equitable care and improved patient experiences.

Completion of mandatory Cultural Awareness training reached 92% across the organisation. A Cultural Safety and Workforce Development Manager was appointed to support delivery of cultural safety initiatives and workforce development.

The Closing the Health Gap Committee continues to use the Making Two Worlds Work Audit Tool to assess if an environment is welcoming from a First Nations perspective. This tool ensures that First Nations voices are part of the assessment and guide improvements at the sites.

A Welcoming Environment Audit was completed for the front entrances of the following major campuses in 2025:

- Box Hill Hospital
- Angliss Hospital
- Maroondah Hospital
- Healesville Hospital
- Yarra Ranges Health
- Peter James Centre
- Blackburn Public Surgical Centre
- Wantirna Health
- Murrenda Residential Aged Care Services

Eastern Health achieved consistent results of over 80% of patients being asked in the identification of Aboriginal and/or Torres Strait Islander patients through the Point of Care Audit and Improvement Initiative, supporting data quality, service planning and monitoring of health outcomes.



Oversight of cultural safety and equity is provided by the Closing the Health Gap Committee. During 2025–26, the Committee:

- reviewed the Welcoming Environment Audit Tool and endorsed its continued use
- completed a review of the Closing the Gap Scorecard, expanding it to 20 measures aligned with cultural safety, access, equity and national targets

The Aboriginal Health Advisory Committee, which includes representation from ACCOs and ACCHOs in the Eastern Region, continued to provide advice and community perspectives through regular meetings.

Development of the First Nations Learning Hub progressed during the reporting period as a digital platform to support cultural safety education across the organisation.

The Cultural Safety Plan 2026–2028 was developed and endorsed, with publication scheduled for 2026.

Development of the First Nations Learning Hub progressed during the reporting period as a digital platform to support cultural safety education across the organisation.

Supporting Aboriginal and Torres Strait Islander communities

Our journey toward reconciliation

Eastern Health continued implementation of its Innovate Reconciliation Action Plan (2025–2027) during the reporting period. The plan outlines actions to strengthen relationships, embed cultural respect, and support self-determination in service delivery.



This work builds on the organisation's first Reconciliation Action Plan (2022–2024) and is informed by ongoing engagement with the Aboriginal Health Advisory Committee, Aboriginal Community Controlled Organisations (ACCOs), Reconciliation Australia, and Aboriginal and Torres Strait Islander communities in the Eastern Metropolitan region.

In 2025–26, Eastern Health supported a range of initiatives aligned with reconciliation and cultural safety objectives.

A RAP Champions Network was established during National Reconciliation Week 2026 to support implementation of RAP actions across the organisation.

Eastern Health also participated in NAIDOC Week activities, including support for community-led events such as:

- the NAIDOC Ball hosted by Oonah Aboriginal Health and Community Services
- the Mullum Mullum Indigenous Gathering Place fundraiser

A First Nations scrubs initiative was delivered in partnership with Worawa Aboriginal College and included artwork from a student. The initiative increased cultural visibility within clinical settings and supported partnership with the College.

Eastern Health continued to support Aboriginal economic participation through procurement activities, including engagement with seven additional Aboriginal-owned businesses during the reporting period.

Consultation with Traditional Owners progressed in relation to the use of Wurundjeri Woi-wurrung language in naming of sites, services and teams.

Eastern Health continued to strengthen its focus on First Nations workforce development and culturally safe care during the reporting period. A Cultural Safety and Workforce Development position was established to support implementation of workforce initiatives and organisational capability.

At the end of 2025, 45 employees identified as Aboriginal and/or Torres Strait Islander, compared to 29 employees at the end of 2024.

Oversight of the Workforce Plan, including First Nations employment initiatives, is provided through the Workforce Sub-Committee, which reports to the Closing the Health Gap Committee. Membership includes senior leaders with responsibility for workforce planning, recruitment, and organisational performance.

The First Nations Staff Network was re-established to support staff engagement and professional connection. A monthly staff newsletter and additional communication channels were introduced to support information sharing.

Service partnerships

Eastern Health continued to strengthen partnerships to support culturally responsive care.

In partnership with VACCHO, Eastern Health Cancer Services and Peter MacCallum Cancer Centre, a First Nations Cancer Care Nurse position was established to support access and coordination of care for First Nations patients.

Planning and strategy

Consultation was undertaken to inform development of the:

- Aboriginal Workforce Plan 2026–2028
- Cultural Safety Plan 2026–2028

Both plans were endorsed during the reporting period.

Diversity, equity and inclusion

Eastern Health is committed to creating a health service where equitable care and inclusive workplaces are embedded in everyday practice. We recognise that achieving better health outcomes requires more than excellent clinical care; it also depends on ensuring our services, workforce and organisational systems are accessible, culturally safe and responsive to the diverse communities we serve.

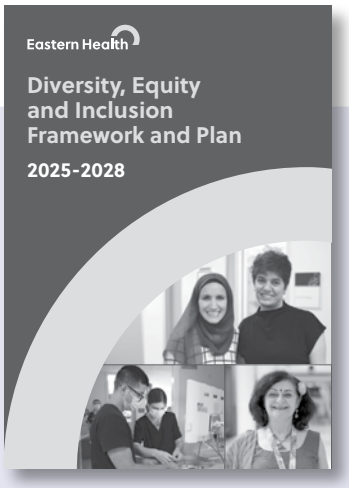
This commitment is guided by the Eastern Health Diversity, Equity and Inclusion (DEI) Framework and supported by multi-year action plans that provide a clear roadmap for strengthening inclusive leadership, building workforce capability, improving access to care and addressing systemic barriers to equity.

During the year, implementation continued across the DEI Action Plan 2025–2028, alongside targeted action plans supporting gender equality, disability inclusion and LGBTQIA+ equity. At the 12-month mark, 50% of DEI Plan actions had either commenced or been completed, reflecting strong early progress against the implementation timeline. Delivery of the 2025–2026 Disability Action Plan and LGBTQIA+ Equity Action Plan also progressed well, with 79% and 72% of actions, respectively, either on track or completed.

Implementation highlights included the introduction of Eastern Health's Gender Affirmation Guideline, providing practical guidance to support employees affirming their gender and fostering inclusive and respectful workplace. Eastern Health also enhanced the collection of voluntary staff demographic information, including sexual orientation, cultural identity, disability and gender, to strengthen inclusive workforce planning and better understand the diversity of its workforce. To promote disability inclusion, Eastern Health joined the Hidden Disabilities Sunflower program, increasing awareness of non-apparent disabilities through education, practical resources and a network of Sunflower Champions to foster a more inclusive environment for patients, consumers, visitors and employees.

A significant milestone during the year was the establishment of the Diversity, Equity and Inclusion Program within the Executive portfolio of Allied Health, Strategy, Improvement and Experience. The program provides dedicated leadership to embed diversity, equity and inclusion across organisational practice and drive coordinated implementation of DEI priorities. This strengthens Eastern Health's ability to deliver inclusive care and foster an equitable workplace for the diverse communities we serve.

Through this work, Eastern Health continues to build a culture where all people – patients, consumers, carers, families, staff, students and volunteers of all backgrounds and identities are respected, valued and included.



DEI Action Plan 2025–2028



Through this work, Eastern Health continues to build a culture where all people – patients, consumers, carers, families, staff, students and volunteers of all backgrounds and identities are respected, valued and included.



During 2025–26, Eastern Health was supported by 250 volunteers engaged across 40 volunteer programs throughout our sites and 30,000 hours were contributed by our volunteers.

Volunteers

Volunteers are individuals who generously contribute their time, skills and expertise to support others, advance meaningful causes and enhance community wellbeing, without expectation of financial reward.

During 2025–26, Eastern Health was supported by 250 volunteers engaged across 40 volunteer programs throughout our sites and 30,000 hours were contributed by our volunteers.

Our volunteers embody Eastern Health's values through their dedication, compassion and commitment to service. By freely giving their time, they enrich the experience of patients, families and visitors, while complementing and enhancing the care provided by our clinical teams.

Under the leadership and guidance of the Volunteer Services Team, our volunteers have made a significant contribution to Eastern Health during 2025–26. Their collective efforts have strengthened our services, supported our staff and helped create positive and meaningful experiences for the communities we serve.

Angliss Hospital opportunity shop raised $65 thousand in funds which were used to purchase new equipment at Angliss Hospital.

Performance against Statement of Priorities: Part B

High quality and safe care

Eastern Health continues to prioritise its commitment to delivering safe, high-quality care and a great consumer experience to our community.

Our Clinical Governance Framework enables the organisation to monitor safety and quality at all levels, with oversight and governance extending from clinical service delivery point, through to Program and Directorate Quality and Safety Committees, which in turn inform the Eastern Health Quality and Safety Committee.

Quality and safety measures are monitored through score cards built using Power BI and variance reports which measure and report progress on specific indicators and serve to identify areas for further analysis and improvement.

Our performance data is derived from a range of sources including clinical incidents, patient and consumer feedback, internal auditing and external benchmarked reports which measure key performance indicators.

The new Clinical Governance Report replaces the Quality, Patient Safety and Experience report. The new report informs progress on key quality and safety measures using modern digital data collections. These data reports continue to be refined in response to feedback from the consumers of the report and the development of improved reporting measures within the data warehouse.

Continuous improvement is supported and guided by our Clinical Risk Governance Committees

(CRGCs) alongside three Professional Councils, which are responsible for ensuring the clinical care delivered meets National Quality and Safety Health Care Standards and scope of practice within the clinical profession.

Each Clinical Program presents an Appropriate and Effective Care report which is a comprehensive analysis of its performance including details related to improvements to the Board Quality and Safety Committee. These reports document the delivery of care, analyses the performance and describes improvement initiatives that have been completed or are in progress.

The reports are presented on a rotational basis to the Quality and Safety Committee and provide insight and assurance to the Board of the care and clinical outcomes for patients.

Auditing remains a key process for Eastern Health to monitor compliance and identify risks across the organisation. Auditing supports the identification of improvement work at the local level, across programs and across the whole organisation.

At Eastern Health, the Point of Care audits (POC audits) are one of our key measures for assessing our performance across the National Standards.

The auditing process has been optimised in the past 12 months to ensure data is relevant and timely for analysis by managers; improvement of the auditing tool has also provided managers the ability to produce visual graphs to monitor results that are part of local 'Improving Performance Together' boards that are in use across all clinical and non-clinical areas of the organisation.

Performance results across the organisation demonstrate consistent themes across service types and performance gaps are aligned to Eastern Health's clinical risk profile and incident data, such as the management of behaviours of concern and delirium screening and management.

Performance continues to be addressed via local level improvement as well as targeted work led by the Clinical Risk Governance Committees (CRGC).

Key performance indicators

Key Performance Measure		Target	2025–26 Result
Infection prevention and control			
Percentage of healthcare workers immunised for influenza		94%	96.89%
Continuing care			
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations		≥ 0.645	0.89
Adverse events			
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event		All RCA reports submitted within 30 business days	91%
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%	93%
Aboriginal Health			
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice		0%	2.75%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	Box Hill	0%	1%
	Maroondah	0%	1.08%
	Angliss	0%	2%
Mental Health Patient Experience			
Percentage of consumers who rated their overall experience with a service in the last three months as positive		80%	66.2%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service		80%	48.10%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected		90%	77.4%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service		90%	79.80%
Mental Health follow-ups, readmissions, and seclusions			
Percentage of consumers followed up within 7 days of separation – inpatient		88%	88%
Percentage of consumers re-admitted within 28 days of separation – inpatient		< 14%	15%
Rate of seclusion episodes per 1,000 occupied bed days – inpatient		≤ 6%	10.10%

Clinical incidents

Eastern Health staff and consumers are encouraged to report incidents. The number and rate of clinical incidents have decreased in volume over the past 12 months, from just over 22,800 clinical incidents reported to approximately 22,600 reported.

The Incident Severity Rating (ISR) is defined as:

- **ISR 1:** Severe (permanent harm or death)
- **ISR 2:** Moderate (the harm is likely to require a therapeutic intervention)
- **ISR 3:** Minor (harm is temporary and requires minimal intervention)
- **ISR 4:** No harm (a near miss)

The rate of ISR 1 and 2 incidents reported has increased slightly in number from the previous year reporting, although there has been a reduction in the number of Sentinel Events reported to Safer Care Victoria, during the financial year 2025–26. In Victoria a sentinel event is described as an unexpected adverse event that results in death or serious physical or psychological injury, the adverse event occurs as a result of system and process failures or deficiencies.

High-frequency incidents

The most frequent incidents of the past year were similar to previous years, these were:

1. Behaviours of Concern – harming self, other people or things.
2. Slips, trips and falls.
3. Medication errors, both prescribing and administrating.
4. Skin integrity – pressure injuries and skin tears.

Implementation and reporting of the Statutory Duty of Candour

Eastern Health implemented the processes of the Statutory Duty of Candour (SDC) requirements from 30 November 2022 when the *Health Services Act 1988* (Vic) was amended.

SDC is commenced once a Serious Adverse Event (SAPSE) is identified, building on the Open Disclosure Framework already implemented.

Under this legislation, consumers are provided with information about any serious adverse patient safety event that occurs during their care provision within prescribed timeframes, and prescribed processes are followed.

The intent of this legislation is to enable open transparent and timely communication with patients and their families following a SAPSE.

Between July 2025 and 30 June 2026, Eastern Health commenced 77 SDC discussions and provided 58 final SAPSE reports. Some patients and/or families have opted out of the initial SDC meeting; however, they have requested to receive the final 50-day SAPSE report. 36 consumers opted out completely from the SDC process. Two patients lacked capacity and had no next kin to perform SDC with. There were no breaches of these instructions from the consumer or their family reported during this period.

A consumer feedback process has been developed for the SDC process, and results are analysed and provided to the Executive Committee for each quarter. Clinicians are supported by the Patient Safety Lead – Clinical Governance.

An online SDC training module and two additional online SDC and SAPSE review training are offered as well as individual coaching when a SAPSE occurs. A psychological framework for both patients and staff is followed during SAPSE reviews.

Community, consumer and patient feedback

Eastern Health proactively promotes feedback as an opportunity for patients, families, carers and community members to provide the organisation with information about their experience and to assist in the review and improvement of services.

Feedback can take the form of a complaint, comment/suggestion, compliment, or response to a survey.

The Eastern Health Patient Experience Survey is made available to patients and carers on discharge through several methods including by text message. In 2025–26 Eastern Health received 9,593 responses to the Patient Experience Survey. 92% of patients who completed the Patient Experience Survey rated their overall care as 'very good' or 'good'.

In January 2026, Eastern Health introduced a new platform that analyses responses to the three free text questions in the Patient Experience Survey. The platform uses Artificial Intelligence to find insights and themes. It provides a new way of looking at our data that will support identification of patient experience improvement opportunities.

The Victorian Healthcare Experience Survey (VHES) is another way patients can provide feedback about their care at Eastern Health. Conducted by an independent organisation on behalf of the Victorian Department of Health, the survey asks people who have recently used Victoria's public health services about their experience. It provides an opportunity for Eastern Health to compare our performance with similar health services across the state. In 2025–26, 92.6% of the 3,148 adult

inpatients who completed the survey rated their overall care at Eastern Health as very good or good (at the time of reporting, results were available for the first three quarters only). Eastern Health performed above the Victorian average and was the top-performing service among comparable health services in two of the three quarters for which data was available.

Complaints and compliments

There was an increase in both the number of complaints and compliments received by Eastern Health in 2025–26 compared with 2024–25. Overall, Eastern Health received 2,454 compliments and 2,399 complaints in the 2025–26 year.

Eastern Health themes complaints and compliments received using the Health Complaints Analysis Tool (HCAT). Complaints are themed to one or more of three domains – Clinical, Management and Relationship. Of the three domains, the Relationship domain featured most in complaints received in 2025–26 which is consistent with previous years. Complaints themed to the relationship domains include complaints about communication, listening and respect and patient rights.

Locations receiving the most feedback continue to be the Emergency Departments and outpatient departments which are also areas with some of the highest volumes of patient episodes of care across Eastern Health.

Clinical indicators and benchmarking

In 2025–26, Eastern Health participated in the following benchmarking for Quality and Safety:

- VICNISS: Healthcare Associated Infection Surveillance.
- Specialty-specific benchmarking through consultative councils including CCOPMM (Consultative Council on Obstetric and Paediatric Mortality and Morbidity), VASM (Victorian Audit of Surgical Mortality), VPSPI (Victorian Perinatal Services Performance Indicators) and disease-specific Registries (e.g. National Hip Fracture Registry, Victorian Cardiac Outcomes Registry (VCOR)) and other industry benchmarking (there is inconsistent participation and use of registry data).
- Public Sector Residential Aged Care Services (PSRACS) indicators: Since July 2006 Public Sector Residential Aged Care Services (PSRACS) in Victoria have participated in the collection, reporting and benchmarking of data for a set of quality-of-care performance indicators. There are 18 indicators currently reported to assist in monitoring and improving care provided to PSRACS residents across 5 areas of clinical risk.
- Australasian Rehabilitation Outcome Centre (AROC) Indicators.
- Palliative Care Outcome Collaborative (PCOC) and additional Department of Health (DoH) Palliative Care Indicator Trials.
- Pathology: Royal College of Pathologists Australia Quality Assurance Programs (RCPA QAP) for all analytical testing.
- Victorian Healthcare Experience Survey (VHES).

In addition to reports produced by these various bodies, Eastern Health also receives benchmarked reports from the Victorian Agency for Health Information (VAHI). Access to an interactive Portal has enabled timely benchmarking to be undertaken.

Strong governance, leadership and culture

Eastern Health's 'Our People Promise' supports a workplace that is people-centred, future-ready and values-driven. The Leadership at Every Level pillar reflects our commitment to developing exceptional leaders across the organisation, from frontline employees through to senior executives.

Leadership plays a critical role in shaping culture, employee experience and organisational performance. Eastern Health continues to invest in leadership capability through a suite of programs aligned to our values, culture and strategic priorities. Development opportunities have been prioritised for both emerging and senior leaders in response to workforce needs, employee feedback and organisational priorities.

In April 2026, Eastern Health participated in the Victorian Public Sector Commission's People Matter Survey (PMS), with 24% of staff providing feedback on their workplace experience. The survey provided an important opportunity to assess the impact of actions implemented following the 2025 Culture Pulse and identify areas requiring continued focus.

Key Performance Measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%*	75%

* 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.

Results from the Culture Pulse identified several priority areas within Eastern Health's Culture Roadmap requiring sustained attention. To build a culture that fosters pride, belonging, accountability and connection, efforts throughout 2025 and 2026 focused on three key cultural levers:

- How We Lead
- Communication and Connection
- Our Values in Action

Leadership development has been a central strategy in progressing these priorities. While direct comparison between Culture Pulse and People Matter Survey results is limited due to changes in survey methodology and question design, the overall findings indicate a positive shift in staff sentiment across these domains. This suggests that investments in leadership capability, communication and cultural alignment are contributing to an improved employee experience across Eastern Health.

Eastern Health has identified four leadership levels and is designing targeted development pathways to build capability at each stage of the leadership journey.

Executive and Senior Leadership Group

Since 2023, Eastern Health has facilitated bi-monthly Executive and Senior Leadership (ESL) Forums for its senior 100 leaders. While not a formal development program, these forums play an important role in building enterprise leadership capability and fostering collective ownership of strategic and cultural priorities.

Designed to encourage constructive dialogue rather than one-way communication, the forums create opportunities for leaders to connect, collaborate and share ideas. The ESL Forums support a consistent organisation-wide leadership approach by ensuring key priorities, initiatives and messages are clearly understood and aligned across the organisation.

Elevate senior leadership program

Elevate is Eastern Health's flagship senior leadership program, delivered in partnership with Melbourne Business School. The inaugural cohort included 12 high-performing, high-potential leaders identified through Eastern Health's Talent and Succession Framework.

The program is designed to:

- Strengthen enterprise leadership capability and alignment
- Embed Eastern Health's Values in Action in everyday leadership practice
- Enhance leaders' ability to drive improvement and innovation
- Build a sustainable pipeline of future leaders

Participants completed a comprehensive development journey including 360-degree feedback, individual development planning, four offsite workshop modules, executive masterclasses and group strategic improvement projects. The program focused on building self-awareness, leading with care, courage and connection, fostering collaboration across boundaries, and strengthening strategic thinking and decision-making capability.

Mentoring at Eastern Health

Eastern Health's Mentoring Program is a structured six-month development opportunity that supports professional growth, leadership development and career aspirations. Through guided conversations, reflection and challenge, participants are supported to broaden their perspectives and build capability.

Shadowing at Eastern Health

The Shadowing Program provides participants with a structured one-on-one experience, enabling them to observe senior leaders in practice and gain insight into leadership behaviours, decision-making and organisational leadership.

People Leadership 101

People Leadership 101 was developed to equip new and frontline leaders with a practical foundation in people leadership. The program helps participants understand their role in creating positive employee experiences while building confidence, capability and connection across Eastern Health.

Following the successful delivery of two pilot programs in May 2026, the program has transitioned to a monthly offering, ensuring ongoing access to leadership development for emerging leaders.

Through continued investment in leadership at every level, Eastern Health is building the capability, culture and connections needed to support our people and deliver exceptional care to the communities we serve.

Timely access to care

Key Performance Measure		Target	2025–26 Result
Planned Surgery			
Percentage of urgency category 1 planned surgery patients admitted within 30 days.		100%	100%
Percentage of all planned surgery patients admitted within the clinically recommended time		94%	87.21%
Number of patients admitted from the planned surgery waiting list		18,400	18,373
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category		25% proportional improvement from prior year	19.41%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care		Reduction in average LOS for surgical patients by 2% from prior year	1.33%
Emergency Care			
Percentage of patients transferred from ambulance to emergency department within 40 minutes	Box Hill	8% improvement from the same time last year	47.13%
	Maroondah	8% improvement from the same time last year	42.79%
	Angliss	6% improvement from the same time last year	65.77%
Number of emergency patients with a length of stay (LOS) in the ED greater than 24 hours	Box Hill	Zero	1,006
	Maroondah	Zero	487
	Angliss	Zero	238
Average ED length of stay (LOS) for admitted patients, in minutes	Box Hill	Avg LOS <414 minutes or, if not met, a 5% improvement from the same time last year	853
	Maroondah		818
	Angliss		788
Average ED length of stay (LOS) for admitted patients, in minutes	Box Hill	Avg LOS <240 minutes or, if not met, a 3% improvement from the same time last year	296
	Maroondah		283
	Angliss		249

All data published in this annual report was accurate at the time of publication. Data may be subject to change following audit and data verification processes that may not have been finalised at the time of publication.

Timely access to care (continued)

Key Performance Measure		Target	2025–26 Result
Mental Health			
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	Box Hill	65%	22.24%
	Maroondah	65%	19.40%
	Angliss	65%	20%
Percentage of departures from emergency departments to a mental health bed within 8 hours	Box Hill	80%	39%
	Maroondah	80%	38%
	Angliss	80%	22%
Number of admitted mental health occupied bed days		41,132	42,754
Number of community mental health service hours		237,144	209,983
Specialist Clinics			
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe		95%	88.20%
Home Based Care			
Percentage of admitted bed days delivered at home		6.90%	7.4%

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Effective financial management

Key Performance Measure	Target	2025–26 Result
Operating result ($M)	0.00	($5.22m)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.29
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June 2026	5% movement in forecast	Not Achieved

Healthcare in any language

Eastern Health is committed to ensuring equitable access to safe, high-quality care by overcoming communication barriers and recognising the cultural and linguistic diversity of the communities we serve. Language Services is central to this commitment, enabling patients and families to actively participate in their healthcare regardless of their preferred language or communication needs.

This is delivered through a blended service model, combining the expertise of 37 in-house NAATI-certified interpreters with external agency providers. Telephone and video interpreting platforms further support access to language services across a broad range of clinical settings, including emergency and acute care.

Together, these services delivered 42,382 interpreting occasions of service over the past 12 months, representing a 13% increase compared with the previous reporting period. More than one-third (34.5%) of all interpreting services were delivered via telephone or video, supporting timely access to interpreters across a range of clinical settings. Outpatient clinics accounted for more than half of all interpreting occasions, with 8% of outpatient interpreting delivered in person.

Interpretation services were provided across 90 different languages during the reporting period, reflecting the linguistic diversity of our consumers. Mandarin, Cantonese and Greek remained the three most requested languages.

This sustained growth reflects both the increasing linguistic diversity of the communities we serve and the growing recognition of effective communication as a cornerstone of safe, person-centred healthcare. Language Services continues to support equitable access to care, informed decision-making, improved patient experiences and better health outcomes, reinforcing Eastern Health's commitment to safety, quality and equity across all care settings.

Activity and funding

Funding Type	Activity
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	192,405
Community mental health NWAU	17,824
Acute Admitted	
Acute admitted DVA	344
Acute admitted TAC	265
Subacute/Non-Acute, Admitted and Non-admitted	
Subacute DVA	97
Transition care – bed days	22,721
Transition care – home days	10,249
Aged Care	
Residential Aged Care	15,484
HACC	4,385
Mental Health and Drug Services	
Mental health ambulatory	211,036
Mental health residential	16,688
Mental health subacute	21,922
Drug Services	13,611
Primary Health	
Community health/primary care programs	30,703

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Environmental performance

	2025–26	2024–25
GREENHOUSE GAS EMISSIONS		
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO^2-e)		
Carbon Dioxide	6,733.57	6,914.96
Methane	12.25	12.59
Nitrous Oxide	5.67	5.64
Total	6,751.49	6,933.19
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO^2-e)	6,292.46	6,433.31
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	459.03	499.88
Total Scope 1 (direct) greenhouse gas emissions (t CO^2-e)	6,751.49	6,933.19
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO^2-e)		
Electricity	25,458.35	25,605.83
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO^2-e)	25,458.35	25,605.83
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO^2-e)		
Waste emissions (WR5)	3,284.05	4,746.40
Indirect emissions from Stationary Energy	3,975.29	3,912.48
Indirect emissions from Transport Energy	120.47	130.59
Paper emissions	206.03	120.16
Water emissions	318.25	342.09
Any other Scope 3 emissions	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO^2-e)	7,904.10	9,251.72
G(Opt) Net greenhouse gas emissions (t CO^2-e)		
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO^2-e)	40,113.93	41,790.74
Total gross reported greenhouse gas emissions per bed-day (t CO^2-e/OBD)	0.08	0.08
Carbon Neutral Electricity	0.00	0.00
Green Power Electricity	0.00	0.00
Purchased LGCs	(22,426.17)	0.00
Any Reduction Measures Offsets purchased (EL4-related)	(22,426.17)	0.00
Any Offsets purchased	(22,426.17)	
Net greenhouse gas emissions (t CO^2-e)	17,687.76	41,790.74

Environmental performance (continued)

	2025–26	2024–25
ELECTRICITY USE		
EL1 Total electricity consumption segmented by source (MWh)		
Purchased	38,287.42	38,846.37
Self-generated	904.34	692.24
EL1 Total electricity consumption (MWh)	39,191.76	39,538.61
EL2 On site-electricity generated (MWh) segmented by:		
Consumption behind-the-meter		
Solar Electricity	904.34	692.24
Total Consumption behind-the-meter (MWh)	904.34	692.24
Exports		
Solar Electricity	32.33	
Total Electricity exported (MWh)	32.33	
EL2 Total On site-electricity generated (MWh)	936.67	692.24
EL3 On-site installed generation capacity (kW converted to MW) segmented by:		
Cogeneration Plant	1.15	1.15
Diesel Generator	17.14	17.14
Solar System	0.88	0.88
EL3 Total On-site installed generation capacity (MW)	19.17	19.17
EL4 Total electricity offsets segmented by offset type (MWh)		
LGCs voluntarily retired on the entity's behalf	24,376.28	
RPP (Renewable Power Percentage in the grid)	6,857.28	7,187.54
EL4 Total electricity offsets (MWh)	31,233.55	7,187.54
STATIONARY ENERGY		
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)		
Natural gas	118,717,138.80	123,564,317.70
Diesel	2,492,413.20	940,732.20
F1 Total fuels used in buildings (MJ)	121,209,552.00	124,505,049.90
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO^2-e)		
Natural gas	6,117.49	6,367.27
Diesel	174.97	66.04
F2 Greenhouse gas emissions from stationary fuel consumption (t CO^2-e)	6,292.46	6,433.31

Environmental performance (continued)

	2025–26	2024–25
TRANSPORTATION ENERGY		
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)		
Non-emergency transport (Health service operated) – Gasoline	4,939,150.30	5,205,924.00
Non-executive fleet - Gasoline	930,527.40	1,215,785.90
Petrol	5,869,677.70	6,421,709.90
Non-emergency transport (Health service operated) – E10	7,362.60	9,339.80
Non-executive fleet – E10	1,096.30	4,401.90
Petrol (E10)	8,458.90	13,741.70
Non-emergency transport (Health service operated) – Diesel	726,807.10	745,366.00
Non-executive fleet – Diesel	148,150.70	175,062.40
Diesel	874,957.80	920,428.40
Electricity for Road Vehicles from Victorian Government Facilities	169,326.80	165,080.70
Electricity (Transport Energy)	169,326.80	165,080.70
Total energy used in transportation (vehicle fleet) (MJ)	6,922,421.20	7,520,960.70
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO^2-e)		
Non-emergency transport (Health service operated) – Gasoline	333.99	352.02
Non-executive fleet – Gasoline	62.92	82.21
Petrol	396.91	434.24
Non-emergency transport (Health service operated) – E10	0.45	0.57
Non-executive fleet – E10	0.07	0.27
Petrol (E10)	0.52	0.84
Non-emergency transport (Health service operated) – Diesel	51.17	52.48
Non-executive fleet – Diesel	10.43	12.33
Diesel	61.61	64.81
Electricity for Road Vehicles from Victorian Government Facilities	31.28	30.18
Electricity (Transport Energy)	31.28	30.18
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO^2-e)	490.30	530.06
T(opt1) Total vehicle travel associated with entity operations (1,000 km)		
Total vehicle travel associated with entity operations (1,000 km)	1,603.66	1,559.60
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO^2-e per 1,000 km)		
t CO^2-e per 1,000 km	0.31	0.34

Environmental performance (continued)

	2025–26	2024–25
TOTAL ENERGY USE		
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)		
Total energy usage from stationary fuels (F1) (MJ)	121,209,552.00	124,505,049.90
Total energy usage from transport (T1) (MJ)	6,922,421.20	7,520,960.70
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	128,131,973.20	132,026,010.60
E2 Total energy usage from electricity (MJ)		
Total energy usage from electricity (MJ)	141,090,336.20	142,338,998.91
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)		
Renewable	115,697,250.24	28,368,583.14
Non-renewable (E1 + E2 - E3 Renewable)	153,355,732.36	245,831,345.67
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser		
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	8,622.90	8,243.56
Energy per unit of LOS (MJ/LOS)	530.18	548.08
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	499.47	513.92
Energy per unit of Separations (MJ/Separations)	1,531.29	1,605.13
Energy per unit of floor space (MJ/m²)	1,275.07	1,297.16
WATER USE		
W1 Total units of metered water consumed by water source (kL)		
Potable water (kL)	217,947.06	207,975.86
Reused water (kL)	150,907.45	125,023.84
Total units of water consumed (kL)	368,854.51	332,999.70
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity		
Water per unit of Aged Care OBD (kL/Aged Care OBD)	12.13	10.29
Water per unit of LOS (kL/LOS)	0.75	0.68
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.70	0.64
Water per unit of Separations (kL/Separations)	2.15	2.00
Water per unit of floor space (kL/m²)	1.79	1.62

Environmental performance (continued)

	2025–26	2024–25
WASTE AND RECYCLING		
WR1 Total units of waste disposed of by waste stream and disposal method (kg)		
Landfill (total)		
General waste	2,121,462.28	3,025,627.31
Offsite treatment		
Clinical waste – incinerated	35,469.29	43,797.77
Clinical waste – sharps	38,669.57	33,243.56
Clinical waste – treated	342,074.31	562,590.41
Recycling/recovery (disposal)		
Batteries	2,634.11	1,517.90
Cardboard	120,193.84	227,402.37
Commingled	134,738.08	207,299.19
E-waste	1,566.72	2,899.38
Fluorescent tubes	1,629.90	798.34
Grease traps	109,081.72	79,591.97
Metals	23,334.88	18,938.39
Organics (food)	105,298.68	67,588.90
Packaging plastics/films	710.32	926.39
Paper (confidential)	84,880.03	227,544.27
Polystyrene foam	25,010.17	3,237.84
PVC	4,328.89	4,205.96
Sterilisation wraps	10,458.17	7,089.06
Toner and print cartridges	333.46	281.66
Total units of waste disposed (kg)	3,198,999.85	4,514,580.65
WR1 Total units of waste disposed of by waste stream and disposal method (%)		
Landfill (total)		
General waste	66.32%	67.02%
Offsite treatment		
Clinical waste – incinerated	1.11%	0.97%
Clinical waste – sharps	1.21%	0.74%
Clinical waste – treated	10.69%	12.46%

Environmental performance (continued)

	2025–26	2024–25
Recycling/recovery (disposal)		
Batteries	0.08%	0.03%
Cardboard	3.76%	5.04%
Commingled	4.21%	4.59%
E-waste	0.05%	0.06%
Fluorescent tubes	0.05%	0.02%
Grease traps	3.41%	1.76%
Metals	0.73%	0.42%
Organics (food)	3.29%	1.50%
Packaging plastics/films	0.02%	0.02%
Paper (confidential)	2.65%	5.04%
Polystyrene foam	0.78%	0.07%
PVC	0.14%	0.09%
Sterilisation wraps	0.33%	0.16%
Toner and print cartridges	0.01%	0.01%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method		
Total waste to landfill per patient treated ((kg general waste)/PPT)	2.48	3.60
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.49	0.76
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.77	1.01
WR4 Recycling rate (%)		
Weight of recyclable and organic materials (kg)	661,324.40	849,321.61
Weight of total waste (kg)	3,198,999.85	4,514,580.65
Recycling rate (%)	20.67%	18.81%
WR5 Greenhouse gas emissions associated with waste disposal (t CO^2-e)		
t CO^2-e	3,284.05	4,746.40

Environmental performance (continued)

	2025–26	2024–25
NORMALISATION FACTORS		
1000km (non-emergency)	1,603.66	1,559.60
Aged Care OBD	30,419.00	32,370.00
ED Departures	158,705.00	155,131.00
FTE	7,919.00	7,760.00
LOS	494,735.00	486,867.00
OBD	525,154.00	519,237.00
PPT	855,152.00	840,612.00
Separations	171,293.00	166,244.00
TotalAreaM2	205,714.00	205,714.00

Details of consultancies

2025–26 consultancy

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

In 2025–26 there were 4 consultancies where the total fees payable to the consultant were greater than $10,000 with the total expenditure of $253,159.

Details of the individual consultancies are published on the Eastern Health website.

Details of the individual consultancies (under $10,000 or less)

In 2025–26, Eastern Health engaged 2 consultancies where the total fees payable to the consultants were less than $10,000, with a total expenditure of $13,630 (excl. GST).

Information and Communication Technology (ICT) expenditure

Total Information and Communication Technology (ICT) expenditure incurred during 2025–26 is $67.7 million (excluding GST), as per below:

BAU	Non-BAU		
Operational Expenditure	Total Expenditure	Operational Expenditure	Capital Expenditure
$48.3m	$19.4m	$9.5m	$9.9m

Disclosures required under legislation

Freedom of Information Act 1982

Eastern Health complies with the Victorian *Freedom of Information Act 1982* which allows individuals to apply for access to government documents that are not available for public inspection.

Applications must be in writing to the Eastern Health FOI Service. You can use the application form (available on the Eastern Health website or from Health Information Services at each site) or simply write a letter or email.

You can ask for a copy of the record, or to view the record. Your request must clearly identify which documents you want to access.

Applications must be sent with the current application fee (see link to website for current charges) and proof of your identity (e.g. copy of driver's licence).

Applications can be forwarded to:

Eastern Health Freedom of Information Service

Health Information Services

Maroondah Hospital
PO Box 135
Ringwood East VIC 3135

Phone: (03) 9871 3170
Fax: (03) 9871 1653
Email: foi@easternhealth.org.au

Eastern Health must give you access to the records you request, unless they fall within one of the "exemption" categories in the FOI Act. If Eastern Health denies you access to any documents, it will explain its reasons and advise you how to request a review of that decision.

Freedom of Information statistics/timeliness

During 2025–26, Eastern Health received 1,986 requests under the *Freedom of Information Act 1982*. This total comprised of 1,438 personal requests, mostly from patients or their representatives seeking access to their medical records and 548 non-personal requests which included requests for patient medical records from insurance companies, WorkCover and TAC.

There were 1,937 decisions made within the statutory time periods. Of the decisions made outside time, 26 were made within a further 45 days. Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 22 days.

Full access to documents was provided in 530 requests. Partial access was granted for 1,211 requests, while 13 requests were denied in full. The most common reason for Eastern Health seeking to fully or partially exempt requested documents was the protection of personal privacy in relation to requests for information about persons other than the applicant.

There were 93 requests either withdrawn by the applicant, processed outside the Act or no documents could be located or in existence and 139 requests not yet finalised. Most applications were received from patients, their legal or other representative, or surviving next of kin and most were for access to medical records.

During 2025–26, 16 requests were subject to a complaint/review by the Office of the Victorian Information Commissioner.

For information about how to make an FOI request and any costs associated with the request, visit **https://www.easternhealth.org.au/about-us/access-to-patient-records/freedom-of-information/**

Freedom of information requests	2025–26
Number of requests	1,986
Access provided in full	530
Access provided in part	1,211
No documents	85
Access denied	13
Request withdrawn by applicant	5
Transferred to another agency	0
Requests not completed	139
Requests processed outside the Act	3
Complaints lodged with OVIC	4
Referred to OVIC for review	12
Decisions deferred to VCAT	0

Building Act 1993

Eastern Health complies with the building and maintenance provisions of the *Building Act 1993* and Department of Health Fire Risk Management Guidelines, with all works completed in 2025–26 in accordance with the relevant provisions of the National Construction Code. Eastern Health ensures works are inspected by independent registered building surveyors. All building practitioners are required to show evidence of current registration and must maintain their registration status throughout the course of their work with us.

Public Interest Disclosures Act 2012

Eastern Health complies with the *Public Interest Disclosures Act 2012* (Vic), which forms part of Victoria's anti-corruption laws.

Neither "improper conduct" nor "reprisal against a person for a public interest disclosure" is acceptable to us. Eastern Health supports the making of disclosures about such conduct to the Independent Broad-based Anti-Corruption Commission (IBAC), Victorian Ombudsman and Integrity Oversight Victoria. Any requests for information about our procedures for the protection of persons from unlawful reprisal for public interest disclosures should be directed to the Executive Director People and Culture at Eastern Health.

Public interest disclosures are distinguished from complaints or grievances that would be dealt with under Eastern Health's usual complaint or grievance processes, such as a patient's healthcare complaint or an employee's industrial grievance.

Eastern Health received one (1) public interest disclosure in 2025–26.

Statement on National Competition Policy

Eastern Health is committed to ensuring that services demonstrate both quality and efficiency. Competitive neutrality, which supports the Commonwealth Government's National Competition Policy, helps to ensure net competitive advantages that accrue to a government business are offset. Eastern Health understands the requirements of competitive neutrality and acts accordingly. It complies with the Competitive Neutrality Policy Victoria and any subsequent reforms that relate to responsible expenditure and infrastructure projects, and the creation of effective partnerships between private enterprise and the public sector.

Carers Recognition Act 2012

The *Carers Recognition Act 2012* (Vic) promotes and values the role of people in carer relationships and recognises the contribution that carers and people in carer relationships make to the social and economic fabric of the Victorian community. Eastern Health has taken all practical measures to comply with its obligations under the Act. These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community through providing links to the Victorian charter supporting people in care relationships (Carers Charter) and the Statement for Australia's Carers on the Eastern Health website. A new Consumer Information sheet was developed in July 2025 to help carers know where they can access support from Eastern Health services.
- Ensuring staff have an awareness and understanding of the care relationship principles set out in the Act through articulating how the role of the carer is recognised, promoted and valued in the Eastern Health Partnering with our Patients, Families and Carers Standard and training resources.
- Celebrating and promoting National Carers Week to raise awareness about the importance of carers and their caring roles and the support available to them.
- Considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act).

Social Procurement Framework

Social Procurement is a Victorian Government program to leverage government procurement to drive social, economic and environmental outcomes while maintaining a value for money philosophy.

Eastern Health has Social Procurement objectives to:

- Provide opportunities for Victorian Aboriginal people by purchasing from Victorian Aboriginal businesses and generate employment for Victorian Aboriginal people through suppliers to Eastern Health.
- Support women's equality and safety through the adoption of family violence leave and gender equality by Eastern Health's suppliers.
- Seek suppliers to attest that they comply with Modern Slavery reporting obligations on sources of supply.
- Promote sustainable business practices through the adoption of sustainable business practices by Eastern Health's suppliers.

Eastern Health directly spent $189.2 thousand during 2025–26 with social benefit suppliers. This was broken down as $157.6 thousand with Victorian Social Enterprises, $25.4 thousand with Victorian Aboriginal businesses and $6.2 thousand with Australian Disability Enterprises

In addition to direct expenditure, in July 2025 Eastern Health executed one of its highest value non-clinical contracts, Non-Clinical Support Services. This has provided a significant opportunity to increase Social Procurement engagement. The final agreement incorporates more than 20 individual actions in support of Eastern Health's Social Procurement objectives, including:

- A commitment to spend at least $738 thousand annually with Victorian First Nations businesses.
- A commitment to employ women in 65% of management and supervisory positions.
- Environmental recycling and waste minimisation programs.

Local Jobs First Act 2003

Eastern Health complies with the *Local Jobs Act 2003* (the Act, formerly the *Victorian Industry Participation Policy Act 2003*) which is Australia's longest-standing industry participation legislation and is focused on promoting employment growth by expanding market opportunities for local industry and providing for industry development. Administered by the Department of Jobs, Precincts and Regions (DJPR), this supports Victorian businesses and workers by ensuring that small and medium-size enterprises (SMEs) are given a full and fair opportunity to compete for both large and small government contracts, helping to create job opportunities, including for apprentices, trainees and cadets.

The following information for contracts commenced and/or completed in the financial year must be disclosed under the *Local Jobs First Act 2003* (Refer to FRD 25 Local Jobs Disclosures in the Report of Operation effective 1 April 2022):

The number and total value of both Local Jobs First Strategic and Local Jobs First Standard Projects commenced and/or completed in the reporting period to which a VIPP Plan (only from 1 July 2018 to 15 August 2018) or Local Industry Development Plan (LIDP) was required.

Commenced:
Strategic x 1 $150 million
Standard x 4 $17.3 million

Completed:
Standard x 3 $24.8 million

The number of projects that the Major Projects Skills Guarantee (MPSG) has been applied on (from 16 August 2018), the total number of hours completed or to be completed by apprentices, trainees or cadets on these projects, and the total number of opportunities created for apprentices, trainees and cadets on these projects.

1 (Project to be completed Non-Clinical Support Services)

MPSG Commitment for trainees, apprentices and cadets is 474,635 hours to be retained and 118,164 hours created opportunities – to be completed.

The number of projects and percentage of 'local content' committed under projects that commenced and/or completed in the reporting period to which LIDP was required;

(i) metropolitan;

5 x project commenced in 2025–26

1. Provide Air Mattresses and Patient Equipment awarded from HPVITS2019-060 to Pegasus Healthcare 95.72% local content commitment, contract commenced 1/10/2025
2. Grounds and Garden Maintenance Services awarded from EH25-0305T to PROGRAMMED PROPERTY SERVICES PTY LTD 97% local content commitment, contract commenced 1/10/2025
3. Provision of Non-Clinical Support Services awarded from EH24-0608T to ISS HEALTH SERVICES PTY LIMITED 99.05% local content commitment, contract commenced 1/7/2025
4. Angliss Hospital CSSD Equipment and Accessories awarded from EH24-0809T to A.E. Atherton & Sons Pty Ltd 71.3% local content commitment, contract commenced 30/07/2025
5. Haematology Analysers and Slide maker Stainers awarded from EH25-0407T to ROCHE DIAGNOSTICS AUSTRALIA PTY LIMITED 100% local content commitment, contract commenced 20/08/2025

3 x project completed in 2025–26

1. Delivery of the Prevention and Recovery Care (PARC) Services in the Eastern Health service catchment, EH19-0817 awarded to Wellways Australia Ltd 100% local content commitment, completed 31/3/2026
2. Preferred Compounder of Chemotherapy and Biological Therapies, EH20-1115T awarded to Slade Health 18.5% local content commitment, completed 27/4/2026
3. Eastern Health Intensive Care Areas (ICA) Refurbishment Project, EH24-0203T awarded to PLAN GROUP PTY LTD 92.28% local content commitment, completed 3/6/2026

For projects commenced, a statement of total LIDP commitments (local content, employment and engagement of apprentices, trainees and cadets) committed as a result of these projects;

5 x project commenced in 2026

Annual Employee Equivalent (AEE)	Standard Created AEE	Standard Retained AEE	Apprentices Created AEE	Apprentices Retained AEE	Trainees Created AEE
299.9995	0	240.1999	0.3998	0	59.3998
0.2126	0	0.1518	0	0	0.0607
8.3117	0	7.6336	0	0.6781	0
17.5886	0	17.5886	0	0	0
1.1943	0	1.1943	0	0	0
Total **327.30**	**0**	**266.76**	**0.3998**	**0.6781**	**59.4605**

For projects completed, a statement of total VIPP Plan or LIDP outcomes (local content, employment and engagement of apprentices/trainees) achieved as a result of these contracts; and

Standard Created AEE	Project 1	Project 2	Project 3	Total
Total Created Hours	115,024	3,952	2,560	121,536
Total Retained Hours	100	118,560	12,800	131,460
Apprenticeships hours to be Created	0	0	1,280	1,280
Apprenticeships hours to be Retained	0	0	2,560	2,560
Traineeships hours to be Created	0	0	1,280	1,280
Traineeships hours to be Retained	0	0	1,280	1,280
Cadetships hours to be Retained	0	0	1,280	1,280
Deemed Total Labour Hours	115,124	122,512	15,360	252,996
Total Hours for Apprentices, Trainees or Cadets	0	0	7,680	7,680

The total number, across all projects commenced or completed by the department, of small and medium sized businesses engaged as either the principal contractor or as part of the supply chain.

Commenced: Total Principal Contractors 5, small and medium-size enterprises (SME) 21.

Completed: Total Principal Contractors 3, SME 193.

For completed projects, the number of post contract reviews due to be submitted, the number of post contract reviews that were submitted.

Post contract reviews due: 3

Gender Equality Act 2020

Eastern Health continues to demonstrate a strong commitment to advancing gender equity across the organisation, supporting compliance with the *Gender Equality Act 2020* (Vic). Gender equity is fundamental to delivering safe, high-quality healthcare, with measurable benefits in workforce wellbeing, retention, leadership diversity and the creation of an inclusive culture that actively removes barriers to opportunity and participation.

A new four-year Gender Equality Action Plan (GEAP) 2026–2029 was developed in consultation with a wide range of stakeholders, including the Board, senior leadership, the Diversity, Equity and Inclusion Committee and employee representatives. The GEAP brings to life Eastern Health's commitment to equitable decision-making, with a focus on improving progression pathways for women, addressing gendered patterns of part-time work and promoting inclusive, bias-free recruitment and promotion practices.

This work is further supported by Eastern Health's submission of its biennial Workplace Gender Audit and Progress Report to the Commission for Gender Equality in the Public Sector (CGEPS), which provide key evidence to track progress, identify priority areas for action and inform continuous improvement in gender equality outcomes across the organisation.

Safe Patient Care Act 2015

Safe Patient Care Act 2015 workforce management systems and processes ensure Eastern Health maintains compliance with the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*. The hospital has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Attestations and declarations

Asset Management Framework Compliance Attestation 2025–26

Eastern Health completed its 2025–26 Asset Management Accountability Framework (AMAF) compliance attestation, confirming full adherence to all 41 mandatory requirements set by the Victorian Government. The attestation, overseen by the Audit and Risk Committee, affirms that robust systems, governance, and processes are in place to effectively manage assets across the organisation.

Over the past four financial years, Eastern Health has demonstrated a consistent and measurable improvement in asset management maturity. All assessment areas have progressed beyond the lower maturity levels, with no items remaining in "Innocence" or "Awareness." A growing proportion of requirements are now assessed at "Competence," reflecting strengthened capability and more established practices across asset management functions.

While no areas have yet reached the highest "Optimising" level, this represents a key opportunity for continued improvement. The organisation is now focused on advancing all assessment areas to full competency by 2027–2028 financial year.

Overall, the results highlight a maturing asset management framework that supports accountability, efficient resource use, and continuous improvement aligned to organisational priorities.

Emergency Procurement and Procurement Complaints Disclosures 2025–26

Nil reports

Disclosure of Procurement Complaints 2025–26

Nil reports

Health Share Victoria Attestation 2025–26

I, Rama Devarajan, on behalf of Eastern Health, certify that the Eastern Health is fully compliant with respect to the HSV Purchasing Policies as required by the *Health Services Act 1988* (Vic). Eastern Health has implemented appropriate internal controls, which have been critically reviewed throughout the year.

Car parking fees

Eastern Health complies with the Department of Health Hospital Circular on car parking fees and details of car parking fees and concession benefits can be viewed at **https://www.easternhealth.org.au/locations/**.

Additional information available on request

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

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

(a) 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:

Eastern Health Freedom of Information Service

Health Information Services

Maroondah Hospital
PO Box 135
Ringwood East VIC 3135

Phone: (03) 9871 3170
Fax: (03) 9871 1653
Email: foi@easternhealth.org.au

Eastern Health Foundation



The Eastern Health Foundation works with the community to direct philanthropic support to the areas of greatest need that strengthen care across Eastern Health.

Investment in equipment and technology, education, patient experience and research, improves care today and helps build greater capacity in the future.

This year, more than $4.19 million was generated to support initiatives that improve outcomes for patients and families. These stories celebrate the impact that is only possible thanks to the generosity of our supporters and the dedication of our staff.

Working together to reduce the risk of delirium

"About 1 in every 6 patients in hospital has delirium at any one time. The Hospital Elder Life Program could reduce that by half."

Dr Peteris Darzins
Geriatrician, Eastern Health



Older patients at the Peter James Centre have a reduced risk of delirium and related complications, supported through structured prevention and care.

These outcomes are thanks to the Hospital Elder Life Program (HELP), an evidence-based initiative delivered by trained volunteers and a multidisciplinary clinical team.

HELP brings together geriatric medicine, nursing, allied health and volunteers to provide practical and emotional support that helps maintain cognition and reduces loneliness during admission.

The program is made possible through the generosity of the Estate of Marilyn Maloney, demonstrating the impact gifts in wills can have on patient care.

Virtual reality supporting safer clinical training and care

Doctors, nurses and allied health staff are using Virtual Reality (VR) to strengthen training and improve patient care following a generous donation.

The Vantari VR system provides a safe, repeatable environment to practice complex procedures across 36 modules, supporting safer procedural practice and greater consistency in care delivery.

> "It gives staff a safe, calm environment to learn that's repeatable without the heavy environmental and financial cost associated with physical equipment."
>
> **Dr Jennifer Porteous**
> ICU Specialist at Box Hill Hospital

The technology was made possible through the generosity of supporters Craig and Amy Dicker, inspired by Craig's recovery in the Intensive Care Unit at Eastern Health Box Hill and demonstrates the impact generosity can have in strengthening clinician capability and improving patient care.

Turning staff ideas into meaningful improvements for patients

Funded through the generosity of Eastern Health Foundation supporters, CareXperience Tanks empower staff to bring innovative ideas to life, creating more comfortable, inclusive and compassionate experiences for patients and families.

Funding supported a diverse range of initiatives, from specialised exercise equipment helping stroke patients build confidence and mobility, to dedicated family spaces in critical care, sensory gardens in mental health units, and virtual reality experiences for palliative care patients.

Each project is grounded in a simple principle: those closest to patient care are often best placed to identify meaningful improvements.

$50,000 in CareXperience Tank grants were awarded in 2025–26 supporting 9 staff-led projects that improve comfort, dignity, accessibility, and wellbeing for patients and families.



Community creating better experience for young patients

Thanks to the generosity of local children and families, Eastern Health Angliss is a brighter and more welcoming place for young patients.

The Rotary Club of Emerald and District raised $39,000 through the Kids Fun Run with Puffing Billy 2025, funding a series of colourful murals that have transformed spaces throughout the hospital. Featuring playful imagery and familiar local landscapes, the murals are designed to comfort, engage and distract children during their healthcare journey.

More than a beautification project, the murals are a powerful example of a community coming together to support its youngest members.

Investing in the people and research behind better care

Through the generosity of our community, Eastern Health Foundation supports staff education and funds research that improves patient care.

43 Staff Development Scholarships were awarded in 2025–26.

A total of 372 have been awarded since 2019, representing more than $827,000 invested into staff education and training.

Jessica King-Kleverkamp, an Emergency Nurse at Maroondah Hospital, is using her scholarship to pursue a Master of Advanced Clinical Nursing at Monash University.

> "This scholarship has strengthened my clinical skills and leadership within the ED, helping me provide safer, more effective care and support junior staff."
>
> **Jessica King-Kleverkamp**
> Emergency Nurse at Maroondah Hospital

14 Research and Innovation Grants were awarded in 2025–26.

A total of 220 grants have been awarded since 2012, representing more than $4.5 million invested in research that improves patient outcomes and strengthens healthcare delivery.

One of ten Community Bank Inner East Research and Innovation Grants were awarded to Dr Antonia Clarke to explore how place, culture and connection shape brain health and dementia care for Aboriginal people.

Through "research yarns" with Aboriginal community members and healthcare workers, the project identified how local strengths and lived experience can inform more culturally responsive models of care.

Insights from this work are already informing new approaches, including a locally led, specialist-supported brain care clinic.



Artwork: A river red gum symbolises brain health across the life course, with roots, leaves and surrounding figures representing identity, culture, connection to Country, community support and interconnected life journeys.

Every legacy gift represents a commitment to better healthcare for future generations

More people are choosing to leave a lasting contribution to care through a gift in will to Eastern Health. These contributions are already shaping care, providing future funding that supports major priorities including medical equipment, research, and innovation.

$1.7 million was left to Eastern Health through the Gifts in Wills program in 2025–26 reflecting a deep connection to the care Eastern Health delivers every day.

The Iris Allingham Society was created to recognise and thank those who have chosen to leave a gift in their Will. Since its establishment in 2023, the Society has grown from 64 to 174 members, reflecting the growing engagement with legacy giving across the community. This was evident at the most recent Iris Allingham Society morning tea, where 80 guests came together to hear about the impact of future gifts across Eastern Health.

Together, these commitments are helping secure long-term capacity to deliver better care for patients and families now and into the future for Eastern Health.

Thank you to our philanthropic supporters

We acknowledge and thank the individuals, groups, clubs and organisations whose support helps improve care for patients and families across Eastern Health.

Individual donors

- Mary Clarke and Deon Pearce
- Brett and Kat Coopersmith
- Mavourneen Cowen
- Philip Crohn
- Henk De Jong
- The Dicker Family
- Meg Downie and Bryan Folie
- Anne Giljohann (in memory of Peter Giljohann)
- Yvonne Gray
- The Hayward Family
- Patricia Kiang
- Alfred Lee Ming Sung and Hyunsook Park
- Hong Ming Lee
- The Ma and Quach Family
- Brian Naismith
- Antoinette and Gaspare Scalise
- Mean Te
- Rosemary Varty OAM
- Geoff and Elizabeth White

Trusts and foundations

- Equity Trustees Charitable Foundation – Brian Smith Memorial Award
- Helen and David Hains Foundation
- Ian Rollo Currie Estate Foundation
- Kel and Rosie Day Foundation
- Robert C Bulley OAM Charitable Fund
- Roger and Susanne Smith Foundation
- Running for Premature Babies Foundation
- The Sammons Family Foundation
- The Victorian Nurses and Midwives Trust
- William Angliss (Vic) Charitable Fund

Corporates and community groups

- A Night of Heartfelt Love
- Androgogic
- Angliss Hospital Ferntree Gully Committee
- Asian Business Association of Whitehorse
- Australian Asian Business Women's Association
- Australian Chinese Events Committee
- BankVic
- Beverley and Samantha Garratt in memory of Ron Garratt
- Community Bank Doncaster East and Templestowe Village
- Dandenong Ranges Community Finance Limited
- Eastland
- Glyde Metal Industries Pty Ltd
- HESTA
- Hospital Promotions Victoria
- Inner East Community Finance Ltd.
- Lions Club of Blackburn
- Ringwood Mazda
- Rotary Club of Box Hill Burwood
- Rotary Club of Emerald and District Inc
- Rotary Club of Maroondah
- RSL Box Hill Sub Branch
- Shades of Pink
- Tiny Tots Baby Store
- Upper Ferntree Gully Auxiliary

Gifts in Wills

- The Allan Elkington Memorial Trust Fund
- The Erica Wareham Cromwell Trust
- The Estate of Barbara Jamrich
- The Estate of David Leonard Storey
- The Estate of Robert Cecil Sloane
- The Estate of Robert Peng Kwan Leet
- The Estate of Susanne Joy Davey
- The Estate of Robin Michael Pratt
- The Iris Allingham Trust
- The Pam and Alfred Lavey Trust
- Perpetual Trustees Australia – The Grant Bequest
- State Trustees Australia Foundation

Iris Allingham Society members

- Geoffrey Allan
- Beth Barnes
- William Cook
- Kenza Dairi
- Rita De Graaf
- Peter Fagg
- Mikaela Figgis
- Patricia Kiang
- James Kenney
- Mary Clarke and Deon Pearce
- Ian Miller
- Mike Shams
- Evan Weston
- Kirsty Williamson
- Louis K C and Connie H Wong

We also acknowledge and thank all other Iris Allingham Society members who have chosen to leave a lasting legacy through a gift in their Will to Eastern Health.

Financial statements 2025–26



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

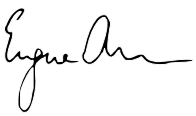
The attached financial statements for Eastern Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister of Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, 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 Eastern Health 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 this day.

Board Member



Mr Eugene Arocca
Chair (On behalf of the Board)

Box Hill
19 August 2026

Board Member



Prof. Helen Cooper
Chief Executive

Box Hill
19 August 2026

Chief Finance and Accounting Officer



Mr Rama Devarajan
Chief Finance Officer

Box Hill
19 August 2026

Auditor-General's Report

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Eastern Health

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
2 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

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	1,476,870	1,303,173
Government Grants	2.1	330,509	378,704
Other income	2.1	38,108	36,137
Total Revenue and Income from Transactions		**1,845,487**	**1,718,014**
Expenses from Transactions			
Employee Expenses	3.1	(1,344,254)	(1,268,361)
Finance Costs	6.1	(5,396)	(3,413)
Depreciation and Amortisation	4.3	(105,440)	(107,619)
Supplies and Consumables	3.1	(226,859)	(221,119)
Other Operating Expenses	3.1	(183,296)	(171,291)
Total Expenses from Transactions		**(1,865,245)**	**(1,771,803)**
Net Result from Transactions – Net Operating Balance		**(19,758)**	**(53,789)**
Other Economic Flows included in Net Result			
Net Gain/(Loss) on Sale of Non-Financial Assets		162	106
Net Gain/(Loss) on Financial Instruments		(1,119)	(1,780)
Other Gain/(Loss) from Other Economic Flows		5,882	610
Total Other Economic Flows Included in Net Result		**4,925**	**(1,064)**
Net Result		**(14,833)**	**(54,853)**
Other Economic Flows – Other Comprehensive Income			
Items that will not be Reclassified to Net Result			
Changes in Property, Plant and Equipment Revaluation Surplus		–	–
Total Other Comprehensive Income		**–**	**–**
Comprehensive Result		**(14,833)**	**(54,853)**

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

Balance Sheet

As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial Assets			
Cash and Cash Equivalents	6.2	102,662	95,129
Receivables	5.1	145,344	126,574
Contract Assets	5.2	7,405	6,609
Total Financial Assets		**255,411**	**228,312**
Non-Financial Assets			
Prepayments		7,019	8,883
Inventories	5.3	7,023	7,623
Property, Plant and Equipment	4.1	1,751,146	1,709,448
Intangible Assets	4.2	16,077	15,863
Total Non-Financial Assets		**1,781,265**	**1,741,817**
Total Assets		**2,036,676**	**1,970,129**
Liabilities			
Payables	5.4	182,123	175,547
Contract Liabilities	5.5	19,537	9,607
Borrowings	6.1	120,851	69,203
Employee Benefits	3.1(b)	363,649	348,119
Monies held in trust	5.6	20,980	23,725
Other provisions	5.7	4,716	4,274
Total Liabilities		**711,856**	**630,475**
Net Assets		**1,324,820**	**1,339,654**
Equity			
Property, Plant and Equipment Revaluation Surplus	SCE	1,232,931	1,232,931
Restricted Specific Purpose Reserve	SCE	42,699	42,940
Contributed Capital	SCE	249,083	249,083
Accumulated Surplus/(Deficit)	SCE	(199,893)	(185,300)
Total Equity		**1,324,820**	**1,339,654**

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

Cash Flow Statement

For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash Flows from Operating Activities			
Receipts from Government		1,607,955	1,501,108
Commercial activities, patient and hospital fees received		108,446	95,642
GST Received From ATO		48,464	41,198
Interest Received		8,324	10,227
Other Receipts		58,944	45,637
Total Receipts		**1,832,133**	**1,693,812**
Payments to Employees		(1,292,228)	(1,214,481)
Payments For Supplies and Consumables		(280,526)	(269,005)
Finance Costs		(5,392)	(3,328)
Other Payments		(192,121)	(190,264)
Total Payments		**(1,770,267)**	**(1,677,078)**
Net Cash Flows from/(used in) Operating Activities	**8.1**	**61,866**	**16,734**
Cash Flows from Investing Activities			
Proceeds from Sale of Non-Financial Assets		264	119
Purchase of non-financial assets		(43,148)	(45,365)
Net Cash flows from/(used in) Investing Activities		**(42,884)**	**(45,246)**
Cash flows from Financing Activities			
Repayment of Borrowings		(8,793)	(13,170)
Repayment of Accommodation Deposits		(6,267)	(4,334)
Receipt of Accommodation Deposits		3,611	6,448
Net Cash flows from/(used in) Financing Activities		**(11,449)**	**(11,056)**
Net Increase/(Decrease) in Cash and Cash Equivalents Held		**7,533**	**(39,568)**
Cash and cash equivalents at beginning of year		95,129	134,697
Cash and Cash Equivalents at End of Year	**6.2**	**102,662**	**95,129**

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

Statement of Changes in Equity

For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus $'000	Restricted Specific Purpose Reserve $'000	Contributed Capital $'000	Accumulated Surplus/ (Deficit) $'000	Total $'000
Balance at 1 July 2024	**1,232,931**	**39,541**	**251,491**	**(127,048)**	**1,396,915**
Net Result for the Year	–	–	–	(54,853)	(54,853)
Other Comprehensive Income for the Year	–	–	–	–	–
Transfer from/(to) Accumulated Surplus/(Deficit)	–	3,399	–	(3,399)	–
Capital Contribution	–	–	(2,408)	–	(2,408)
Balance at 30 June 2025	**1,232,931**	**42,940**	**249,083**	**(185,300)**	**1,339,654**
Net Result for the Year	–	–	–	(14,834)	(14,834)
Other Comprehensive Income for the Year	–	–	–	–	–
Transfer from/(to) Accumulated Surplus/(Deficit)	–	(241)	–	241	–
Capital Contribution	–	–	–	–	–
Balance at 30 June 2026	**1,232,931**	**42,699**	**249,083**	**(199,893)**	**1,324,820**

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

Note 1: About this report

Structure

1.1: Basis of preparation

1.2: Material accounting estimates and judgements

1.3: Accounting standards issued but not yet effective

1.4: Reporting entity

1.5: Economic dependency

1.6: Changes in accounting policy

These financial statements represent the financial statements for Eastern Health for the year ended 30 June 2026.

This section explains the basis of preparing the financial statements.

Note 1.1: Basis of preparation of the financial statements

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

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

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

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

The financial statements have been prepared on a going concern basis (refer to Note 1.5 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 Eastern Health on 19 August 2026.

Note 1.2: Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

Revisions to material 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 identified at the beginning of each section where applicable and relate to the following disclosures:

- **Note 2.1:** Revenue and income from transactions
- **Note 3.1:** Expenses incurred in the delivery of services
- **Note 4.1:** Property, plant and equipment
- **Note 4.2:** Intangible assets
- **Note 4.3:** Depreciation and amortisation
- **Note 5.1:** Receivables
- **Note 5.2:** Contract assets
- **Note 5.4:** Payables
- **Note 5.5:** Contract liabilities
- **Note 5.7:** Other provisions
- **Note 6.1(a):** Lease liabilities
- **Note 7.4:** Fair value determination.

Note 1.3: Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Eastern Health and their potential impact when adopted in future periods is outlined below:

Standard	Adoption Date	Impact
AASB 2022-10: *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities*	Reporting periods beginning on or after 1 January 2024. In accordance with FRD 103, Eastern Health will apply Appendix F of AASB 13 prospectively, in the next formal asset revaluation or interim revaluation (whichever is earlier).	Eastern Health is yet to assess the impact of adopting this standard.
AASB 2024-2: *Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments*	Reporting periods beginning on or after 1 January 2026.	Eastern Health is yet to assess the impact of adopting this standard.
AASB 18: *Presentation and Disclosure in Financial Statements*	Reporting periods beginning on or after 1 January 2028.	Eastern Health is yet to assess the impact of adopting this standard.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Eastern Health in future periods.

Note 1.4: Reporting entity

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

Eastern Health's principal address is:
5 Arnold Street Box Hill Victoria 3128

A description of the nature of Eastern Health's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

Note 1.5: Economic dependency

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

Note 1.6: Changes in accounting policy

Accounting policies are changed only when required by an Australian Accounting Standard or when the change results in more reliable and relevant information. Such changes are applied in accordance with the relevant transitional provisions.

In the current year, Eastern Health changed its accounting policy for the subsequent measurement of right-of-use (ROU) assets arising from market leases from the revaluation model to the cost model, in line with updated FRD 104 requirements.

Under the cost model, ROU assets are measured at cost less accumulated depreciation, impairment and lease remeasurements. Previously, these assets were measured at fair value.

The change has been applied using the modified retrospective approach. Comparative information has not been restated, and the carrying amounts at 30 June 2025 have been recognised as opening balances under the new policy from 1 July 2025.

ROU assets arising from significantly below-market (peppercorn) leases continue to be measured at cost, with no change in policy.

Impact of the change in accounting policy

On transition, there was no material impact on the financial statements. No impairment was identified for ROU assets as at 30 June 2026.

Note 2: Funding delivery of our services

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

Structure

2.1: Revenue and income from transactions

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Eastern Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Eastern Health to recognise revenue as or when the health service transfers promised goods or services to the beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Eastern Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	Eastern Health applies material judgement to determine when its obligation to construct an asset is satisfied. Cost incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.

Note 2.1: Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	1,476,870	1,303,173
Government grants	2.1(b)	330,509	378,704
Other income	2.1(c)	38,108	36,137
Total revenue and income from transactions		**1,845,487**	**1,718,014**

Note 2.1(a): Timing of revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) – Operating	1,340,879	1,174,853
Government grants (Commonwealth) – Operating	8,243	8,160
Patient and resident fees	63,907	59,014
Private practice fees	37,178	33,329
Commercial activities(i)	26,663	27,817
Total revenue from contracts with customers	**1,476,870**	**1,303,173**
Eastern Health disaggregates revenue by the timing of revenue recognition.		
Goods and services transferred to customers:		
At a point in time	1,471,978	1,298,871
Over time	4,892	4,302
Total revenue from contracts with customers	**1,476,870**	**1,303,173**

(i) Commercial activities represent business activities which Eastern Health enters into to support its operations.

How Eastern Health recognises revenue from contracts with customers

Government operating grants

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

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

Note 2: Funding delivery of our services (continued)

Note 2.1(a): Timing of revenue from contracts with customers (continued)

This policy applies to each of Eastern Health's revenue streams, with information detailed below relating to Eastern Health's significant revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and it is weighted for clinical complexity. Revenue is recognised at a point in time, which is when a patient is discharged.

Patient and resident fees

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

Private practice fees

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation, the provision of facilities, is provided to customers.

Commercial activities

Revenue from commercial activities includes items such as car park income, clinical trial income, ethics review fees, training and seminar fees and property rental income. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

Note 2.1(b): Government grants

	2026 $'000	2025 $'000
Operating activities		
Government grants (State) – Operating	176,277	244,090
Government grants (Commonwealth) – Operating	65,790	61,195
Government grants (State) – Capital	88,442	73,419
Total Government Grants	**330,509**	**378,704**

How Eastern Health recognises government grants

Government operating grants

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

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

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

Capital grants

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

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

Note 2.1(c): Other sources of income

	Note	2026 $'000	2025 $'000
Operating activities			
Assets received free of charge or for nominal consideration	2.1(d)	394	826
Salary and other recoveries		7,466	6,344
Research and sundry income		2,015	2,164
Other income from operating activities		19,875	16,254
Total other sources of income		**29,750**	**25,589**
Non-operating activities			
Other interest		8,358	10,549
Total other sources of income		**8,358**	**10,549**
Total other sources of income		**38,108**	**36,137**

Interest Income

Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

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

	2026 $'000	2025 $'000
Personal protective equipment and other consumables	394	826
Total fair value of assets and services received free of charge or for nominal consideration	**394**	**826**

How Eastern Health recognises the fair value of assets and services received free of charge or for nominal consideration

Donations and bequests

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

Personal protective equipment

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

Contributions of resources

Eastern Health may receive resources for nil or nominal consideration to further its objectives. The resources are recognised at their fair value when Eastern Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

The exception to this policy is when an asset is received from another government agency or department as a consequence of a restructuring of administrative arrangements, in which case the asset will be recognised at its carrying value in the financial statements of Eastern Health as a capital contribution transfer.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Eastern Health as follows:

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

Note 3: The cost of delivering services

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

Structure

3.1: Expenses incurred in the delivery of services

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Classifying employee benefit liabilities	Eastern Health applies material judgement when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Eastern Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Eastern Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Eastern Health applies material judgement when measuring its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.15%, reflecting the future wage and salary levels • durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 33.1% and 85.4%. • discounting at the rate of 4.74%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1: Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	1,344,254	1,268,361
Supplies and consumables	3.1(d)	226,768	221,119
Other operating expenses	3.1(e)	183,387	171,291
Total expenses incurred in the delivery of services		**1,754,409**	**1,660,770**

Note 3.1(a): Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	1,153,134	1,085,105
On-costs	162,925	153,611
Agency expenses	3,748	3,585
Fee for service medical officer expenses	7,935	8,300
WorkCover premium	16,512	17,760
Total employee expenses	**1,344,254**	**1,268,361**

How Eastern Health recognises employee expenses

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

Note 3.1(b): Employee benefits in the balance sheet

	2026 $'000	2025 $'000
CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months[(i)]	2,690	2,428
	2,690	**2,428**
Annual leave		
Unconditional and expected to be settled wholly within 12 months[(i)]	100,429	93,562
Unconditional and expected to be settled wholly after 12 months[(ii)]	15,549	14,919
	115,978	**108,481**
Long service leave		
Unconditional and expected to be settled wholly within 12 months[(i)]	26,121	22,093
Unconditional and expected to be settled wholly after 12 months[(ii)]	148,851	147,453
	174,972	**169,546**
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months[(i)]	17,159	16,006
Unconditional and expected to be settled after 12 months[(ii)]	22,288	22,467
	39,447	**38,473**
Total current employee benefits and related on-costs	**333,087**	**318,928**
Non-current employee benefits and related on-costs		
Conditional long service leave	26,913	25,643
Provisions related to employee benefit on-costs	3,649	3,548
Total non-current employee benefits and related on-costs	**30,562**	**29,191**
Total employee benefits and related on-costs	**363,649**	**348,119**

(i) The amounts disclosed are nominal amounts.

(ii) The amounts disclosed are discounted to present values.

Provision for related on-costs movement schedule

	2026 $'000	2025 $'000
Carrying amount at start of year	**42,022**	**38,662**
Additional provisions recognised	22,436	19,087
Net gain/(loss) arising from revaluation of long service liability	(722)	(74)
Amounts incurred during the year	(20,640)	(15,653)
Carrying amount at end of year	**43,096**	**42,022**

Note 3.1(b): Employee benefits in the balance sheet (continued)

How Eastern Health recognises employee benefits

Employee benefit recognition

Employee benefits 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 Eastern Health does not have an unconditional right to defer settlements of these liabilities.

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

- nominal value – if Eastern Health expects to wholly settle within 12 months; or
- present value – if Eastern Health does not expect to wholly settle within 12 months.

Long service leave

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

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

The components of this current LSL liability are measured at:

- nominal value – if Eastern Health expects to wholly settle within 12 months; or
- present value – if Eastern Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and disclosed as a non-current liability. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

Provision

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

Note 3.1(c): Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Defined benefit plans:(i)				
Aware Super	0	3	–	–
State Superannuation Fund	166	186	10	10
Defined contribution plans:				
Aware Super	47,930	44,286	2,981	2,484
Hesta	46,575	44,438	2,896	2,492
Other	34,135	26,996	2,122	1,514
Total	**128,806**	**115,909**	**8,009**	**6,500**

(i) The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

How Eastern Health recognises superannuation

Employees of Eastern Health are entitled to receive superannuation benefits and Eastern Health contributes to both the defined benefit and defined contribution plans.

Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Eastern Health to the superannuation plans in respect of the services of current Eastern Health staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Eastern Health does not recognise any unfunded defined benefit liability in respect of the plans because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The DTF discloses the State's defined benefits liabilities in its disclosure for administered items. Superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Eastern Health.

The name, details and amounts of the expense in relation to the major employee superannuation funds and contributions made by Eastern Health are disclosed above.

Defined contribution superannuation plans

Defined contribution (i.e., accumulation) superannuation plan expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Eastern Health are disclosed above.

Note 3: The cost of delivering services (continued)

Note 3.1(d): Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	74,393	68,590
Medical and surgical supplies (including prostheses)	76,550	74,923
Diagnostic and radiology supplies	38,829	36,359
Other supplies and consumables	36,996	41,247
Total other operating expenses	**226,768**	**221,119**

Supplies and consumables

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

Note 3.1(e): Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	10,033	10,259
Repairs and maintenance	22,369	25,126
Maintenance contracts	37,044	25,982
Medical indemnity insurance	31,511	24,990
Other administration expenses	82,429	84,934
Total other operating expenses	**183,387**	**171,291**

How Eastern Health recognises expenses from transactions

Expense recognition

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

Other operating expenses

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

The DH also makes certain payments on behalf of Eastern Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

Note 4: Key assets to support service delivery

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

Structure

4.1: Property, plant and equipment
4.2: Intangible assets
4.3: Depreciation and amortisation
4.4: Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating useful life of property, plant and equipment	Eastern Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. Eastern Health reviews the useful life and depreciation rates of all assets at the end of each financial year and, where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Eastern Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Estimating the useful life of intangible assets	Eastern Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

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	120,919	120,920	(7,551)	(6,458)	113,368	114,461
Land at fair value – Freehold	113,286	113,286	–	–	113,286	113,286
Land at cost	193	193	–	–	193	193
Buildings at cost	50,816	37,424	(2,001)	(646)	48,815	36,778
Buildings at fair value	1,454,024	1,408,136	(174,596)	(95,880)	1,279,428	1,312,256
Leasehold improvements	7,795	7,795	(7,794)	(7,794)	1	1
Works in progress at cost	145,699	73,169	–	–	145,699	73,169
Plant, equipment and vehicles at fair value	265,042	258,942	(214,686)	(199,638)	50,356	59,304
Total property, plant and equipment	**2,157,774**	**2,019,865**	**(406,628)**	**(310,417)**	**1,751,146**	**1,709,448**

How Eastern Health recognises property, plant and equipment

Items of property, plant and equipment are initially measured at cost. 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.

Further information regarding fair value measurement is disclosed in Note 7.4.

Note 4.1(a): Reconciliations of carrying amount by class of asset

	Note	Land $'000	Buildings $'000	Leasehold Improvements $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2024		**231,707**	**1,370,492**	**1**	**42,522**	**67,083**	**1,711,805**
Additions		–	45,731	–	42,092	15,237	103,060
Disposals		(2,407)	–	–	–	–	(2,407)
Revaluation increments/ (decrements)		–	–	–	–	–	–
Net transfers between classes		–	11,445	–	(11,445)	–	(0)
Depreciation	4.3	(1,360)	(78,634)	(0)	–	(23,016)	(103,010)
Balance at 30 June 2025	**4.1**	**227,940**	**1,349,034**	**1**	**73,169**	**59,304**	**1,709,448**
Additions		–	59,278	–	72,369	10,727	142,374
Disposals		–	–	–	–	270	270
Revaluation increments/ (decrements)		–	–	–	–	–	–
Net transfers between classes		–	–	–	161	(162)	(0)
Depreciation	4.3	(1,093)	(80,069)	–	–	(19,784)	(100,946)
Balance at 30 June 2026	**4.1**	**226,847**	**1,328,243**	**1**	**145,699**	**50,355**	**1,751,146**

Land and buildings carried at valuation

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, Eastern 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 Eastern Health's revaluation cycle.

Note 4.1(b): Right-of-use assets included in 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[(i)]	25,196	25,196	(7,551)	(6,458)	17,645	18,738
Buildings[(i)]	93,345	47,459	(29,968)	(23,568)	63,377	23,891
Plant, equipment and vehicles[(i)]	42,536	37,560	(24,987)	(18,693)	17,549	18,867
Total right-of-use assets	**161,077**	**110,215**	**(62,506)**	**(48,719)**	**98,571**	**61,496**

(i) As a result of a change in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4.

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

	Right of Use Assets			
	Land at Fair Value $'000	Buildings at Fair Value $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2024	**22,505**	**8,089**	**22,540**	**53,134**
Additions	–	21,508	2,665	24,173
Disposals	(2,407)	–	–	(2,407)
Revaluation increments/(decrements)	–	–	–	–
Net transfers between classes	–	–	–	–
Depreciation	(1,360)	(5,706)	(6,338)	(13,404)
Balance at 30 June 2025(i)	**18,738**	**23,891**	**18,867**	**61,496**
Additions	–	45,886	5,345	51,231
Disposals	–	–	(38)	(38)
Revaluation increments/(decrements)	–	–	–	–
Net transfers between classes	–	–	–	–
Depreciation	(1,092)	(6,400)	(6,626)	(14,118)
Balance at 30 June 2026	**17,646**	**63,378**	**17,548**	**98,571**

(i) As a result of a change in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4.

How Eastern Health recognises right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

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

Further information regarding fair value measurement is disclosed in Note 7.4.

Note 4.2: Intangible assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Software	85,361	84,770	(79,974)	(75,479)	5,387	9,291
Intangible Works in Progress	10,690	6,572	–	–	10,690	6,572
Total intangible assets	**96,051**	**91,342**	**(79,974)**	**(75,479)**	**16,077**	**15,863**

Note 4.2(a): Reconciliations of carrying amount by class of asset

	Software $'000	Intangible WIP $'000	Total $'000
Balance at 1 July 2024	**13,851**	**4,216**	**18,067**
Additions	49	2,356	2,405
Disposals	–	–	–
Net transfers between classes	–	–	–
Amortisation	(4,609)	–	(4,609)
Balance at 30 June 2025	**9,291**	**6,572**	**15,863**
Additions	591	4,118	4,709
Disposals	–	–	–
Net transfers between classes	–	–	–
Amortisation	(4,495)	–	(4,495)
Balance at 30 June 2026	**5,387**	**10,690**	**16,077**

How Eastern Health recognises intangible assets

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

Initial recognition

Purchased intangible assets are initially recognised at cost.

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

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

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

Subsequent measurement

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

Note 4.3: Depreciation and amortisation

	2026 $'000	2025 $'000
Depreciation		
Land Buildings	1,092	1,360
Buildings	80,069	78,634
Plant, equipment and vehicles at fair value	19,784	23,016
Total Depreciation	**100,945**	**103,010**
Amortisation		
Software	4,495	4,609
Total Amortisation	**4,495**	**4,609**
Total Depreciation and Amortisation	**105,440**	**107,619**

How Eastern Health recognises depreciation

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

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

How Eastern Health recognises amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	11 to 50 years	11 to 50 years
Land	7 to 50 years	7 to 50 years
Plant, Equipment and Vehicles	5 to 20 years	5 to 20 years
Intangible Assets	1 to 10 years	1 to 10 years
Leasehold Improvements	5 years	5 years

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

Note 4.4: Impairment of assets

Impairment of property, plant and equipment

The recoverable amount of primarily non-cash-generating assets of not-for-profit entities, 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 does not apply to such assets that are regularly revalued.

Impairment of intangible assets

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified. Eastern Health did not record any impairment losses for the year ended 30 June 2026 (30 June 2025: Nil).

Note 5: Other assets and liabilities

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

Structure

5.1: Receivables
5.2: Contract assets
5.3: Inventories
5.4: Payables
5.5: Contract liabilities
5.6: Monies held in trust
5.7: Other Provisions

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating the provision for expected credit losses	Eastern Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Eastern Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Eastern Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Eastern Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.
Recognition of other provisions	Other provisions include Eastern Health's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies material judgement and estimates to determine the present value of such restoration costs.

Note 5.1: Receivables

	Note	2026 $'000	2025 $'000
CURRENT RECEIVABLES			
Contractual			
Interhospital Debtors		999	999
Trade Receivables		24,227	18,176
Patient Fees		9,779	8,582
Amounts Receivable from Governments and Agencies		6,331	347
Allowance for Impairment Losses	5.1 (a)	(3,420)	(3,101)
Total Contractual Receivables		**37,916**	**25,003**
Statutory			
GST Receivable		3,240	3,494
Total Statutory Receivables		**3,240**	**3,494**
Total Current Receivables		**41,156**	**28,497**
NON-CURRENT RECEIVABLES			
Contractual			
Long Service Leave – Department of Health		104,188	98,077
Total Contractual Receivables		**104,188**	**98,077**
Total Non-Current Receivables		**104,188**	**98,077**
Total Receivables		**145,344**	**126,574**
(i) Financial assets classified as receivables (Note 7.1)			
Total Receivables		145,344	126,574
GST Receivable		(3,240)	(3,494)
Total Financial Assets Classified as Receivables	**7.1**	**142,104**	**123,080**

How Eastern Health recognises receivables

Receivables consist of:

- **Contractual receivables,** including debtors that relate to the provision of 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. Eastern Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore 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. Eastern Health 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.

Trade receivables are carried at the nominal amounts due and are due for settlement within 30 days from the date of recognition.

Note 5.1(a): Movement in the allowance for impairment losses of contractual receivables

	2026 $'000	2025 $'000
Balance at the beginning of the year	(3,101)	(3,134)
Increase in allowance	(1,119)	(1,780)
Amounts written off during the year	800	1,813
Balance at the end of the year	**(3,420)**	**(3,101)**

Impairment losses of contractual receivables

Refer to Note 7.2(a) for Eastern Health's contractual impairment losses.

Note 5.2: Contract assets

	Note	2026 $'000	2025 $'000
Current			
Contract Assets		7,405	6,609
Total Current Contract Assets		**7,405**	**6,609**
Total Contract Assets	**5.2(a)**	**7,405**	**6,609**

Note 5.2(a): Movement in contract assets

	2026 $'000	2025 $'000
Balance at the beginning of the year	**6,609**	**5,479**
Add: Additional costs incurred that are recoverable from the customer	63,907	59,014
Less: Transfer to revenue recognition	(63,111)	(57,885)
Total Contract Assets	**7,405**	**6,609**

How Eastern Health recognises contract assets

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

Note 5.3: Inventories

	2026 $'000	2025 $'000
Pharmaceuticals – at cost	1,878	2,383
Medical and surgical consumables – at cost	3,601	3,667
Allied Health & Diagnostics – at cost	1,544	1,573
Total inventories	**7,023**	**7,623**

How Eastern Health recognises inventories

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

Inventories are measured at the lower of cost and net realisable value.

Note 5.4: Payables

	Note	2026 $'000	2025 $'000
CURRENT PAYABLES			
Contractual			
Payables		40,247	36,736
Accrued Salaries and Wages		49,130	33,131
Accrued Expenses		42,186	46,132
Deferred Capital Grant Income	5.4(a)	29,453	41,777
Salary Packaging		30	40
Superannuation		8,009	6,500
Interhospital Creditors		75	75
Amounts Payable to Government and Agencies		362	363
Total Contractual Payables		**169,492**	**164,754**
Statutory			
PAYG Payable		12,631	10,793
Total Statutory Payables		**12,631**	**10,793**
Total Current Payables		**182,123**	**175,547**

Note 5.4: Payables (continued)

(i) Financial liabilities classified as payables (Note 7.1)

	Note	2026 $'000	2025 $'000
Total payables		182,123	175,547
Deferred Capital Grant Income		(29,453)	(41,777)
PAYG Payable		(12,631)	(10,793)
Total Financial Liabilities Classified as Payables	**7.1**	**140,040**	**122,977**

How Eastern Health recognises 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 Eastern Health prior to the end of the financial year that are unpaid.
- **Statutory payables,** including PAYG payable. Statutory payables are recognised and measured similarly to contractual payables but are not classified as financial instruments and are 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 45 days.

Note 5.4(a): Movement in deferred capital grant income

	2026 $'000	2025 $'000
Balance of Deferred Capital Grant Income	**41,777**	**52,561**
Grant Consideration for Capital Works received during the Year	23,159	32,551
Deferred Capital Grant income recognised as income due to completion of Capital Works	(35,483)	(43,335)
Closing Balance of Deferred Capital Grant Income	**29,453**	**41,777**

How Eastern Health recognises deferred capital grant income

Grant consideration was received from the DH to support the construction of infrastructure assets.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Eastern Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works.

As a result, Eastern Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Eastern Health expects to recognise all of the remaining deferred capital grant income for capital works by 30 June 2026.

Note 5.5: Contract liabilities

	Note	2026 $'000	2025 $'000
Current			
Contract Liabilities		19,537	9,607
Total Current Contract Liabilities		**19,537**	**9,607**
Total Contract Liabilities	**5.5(a)**	**19,537**	**9,607**

Note 5.5(a): Movement in contract liabilities

	2026 $'000	2025 $'000
Balance of Contract Liabilities	**9,607**	**13,457**
Add: Grant Consideration for Sufficiently Specific Performance Obligations Received during the Year	1,359,052	1,179,162
Less: Revenue Recognised for Completion of a Performance Obligation	(1,349,122)	(1,183,012)
Total Contract Liabilities	**19,537**	**9,607**

How Eastern Health recognises contract liabilities

Contract liabilities include consideration received in advance from customers in respect of the provision of acute and subacute health services. The balance of contract liabilities was higher than the previous reporting period due to DH requiring more unutilised grants to be used in 2025/26.

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

Maturity analysis of payables

Please refer to Note 7.2(b) for the maturity analysis of payables.

Note 5.6: Monies held in trust

	Note	2026 $'000	2025 $'000
Current Monies Held in Trust			
Refundable Accommodation Deposits		12,199	14,855
Other Monies		8,781	8,870
Total Current Monies Held in Trust		**20,980**	**23,725**
Total Other Liabilities		**20,980**	**23,725**
Represented by:			
Cash Assets	6.2	12,199	14,855
Investment and other financial assets		8,781	8,870
Total Monies Held in Trust		**20,980**	**23,725**

How Eastern Health recognises other liabilities

Refundable Accommodation Deposits (RAD)/ Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Eastern Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home. As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

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* and *Aged Care Act 2024* effective from 1 November 2025.

Note 5.7: Other provisions

	2026 $'000	2025 $'000
Current other provisions		
Make-good provision	3,458	816
Total other current provisions	**3,458**	**816**
Non-current other provisions		
Make-good provision	1,258	3,458
Total non-current other provisions	**1,258**	**3,458**
Total other provisions	**4,716**	**4,274**
Balance at the beginning of the year	**4,274**	**4,533**
Additional provisions recognised	1,258	–
Reductions arising from payments/other sacrifices of future economic benefits	(128)	(259)
Reductions resulting from re-measurement or settlement without cost	(688)	–
Balance at the end of the year	**4,716**	**4,274**

How Eastern Health recognises other provisions

Other provisions are recognised when Eastern Health has a present obligation, the future sacrifice of economic benefits is probable and the amount of the provision can be measured reliably. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, considering the risks and uncertainties surrounding the obligation.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Eastern Health has recognised a provision for make-good, to reflect the cost to make-good the leased premises when the lease term ends. The related expenses of making good such properties are included in the measurement of the right-of-use asset.

Note 6: How Eastern Health finance the operations

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

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

Structure

6.1: Borrowings
6.2: Cash and cash equivalents
6.3: Commitments for expenditure
6.4: Non-cash financing and investing activities

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Determining if a contract is or contains a lease	Eastern Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset and • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low value asset lease exemption	Eastern Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria. Eastern Health estimates the fair value of leased assets when new. Where the estimated fair value is less than $10,000, the health service applies the low-value lease exemption. Eastern Health also estimates the lease term with reference to the remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Eastern Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Eastern Health uses its incremental borrowing rate, which is the amount that Eastern Health would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. For leased land and buildings, Eastern Health estimates the incremental borrowing rate to be between 1.2% and 7.3%. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 3.2% and 6.6%.

Material judgements and estimates	Description
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Eastern Health is reasonably certain to exercise such options. Eastern Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: • If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease. • If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease. The health service considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1: Borrowings

	Note	2026 $'000	2025 $'000
Current Borrowings			
TCV Loan (i)		1,064	1,160
DH Loan (ii)		58	1,058
Lease Liability (iii)	6.1(a)	8,852	11,360
Total Current Borrowings		**9,974**	**13,578**
Non-Current Borrowings			
TCV Loan (i)		13,196	14,260
DH Loan (ii)		–	53
Lease Liability (iii)	6.1(a)	97,681	41,312
Total Non-Current Borrowings		**110,877**	**55,625**
Total Borrowings		**120,851**	**69,203**

(i) These are unsecured loans with a weighted average interest rate of 3.75% (2025: 3.69%).

(ii) These are unsecured loans which bear no interest.

(iii) Secured by the assets leased.

How Eastern Health recognises borrowings

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

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

Note 6.1: Borrowings (continued)

Maturity analysis

Refer to Note 7.2(b) for the maturity analysis of borrowings.

Interest expenses

	2026 $'000	2025 $'000
Interest on lease liabilities	4,838	2,799
Interest on loans from TCV	558	614
Total interest expense	**5,396**	**3,413**

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

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

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

Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

Note 6.1(a): Lease liabilities

Eastern Health's lease liabilities are summarised below:

	2026 $'000	2025 $'000
Current lease liabilities		
Lease liability	8,852	11,360
Total current lease liabilities	**8,852**	**11,360**
Non-current lease liabilities		
Lease liability	97,681	41,312
Total non-current lease liabilities	**97,681**	**41,312**
Total lease liabilities	**106,533**	**52,672**

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

	2026 $'000	2025 $'000
Not longer than one year	15,538	14,008
Longer than one year but not longer than five years	45,484	26,564
Longer than five years	103,456	28,790
Minimum Future Lease Liability	**164,478**	**69,362**
Less unexpired finance expenses	(57,945)	(16,690)
Present Value of Lease Liability	**106,533**	**52,672**

How Eastern Health recognises lease liabilities

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

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

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

Eastern Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased land	10 to 40 years
Leased buildings	2 to 17 years
Leased plant, equipment and vehicles	2 to 7 years

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

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

Type of payment	Description of payment	Type of leases captured
Short-term lease payments	Leases with a term less than 12 months	Short-term property lease

Note 6.1(a): Lease liabilities (continued)

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Eastern Health's incremental borrowing rate. The lease liability has been discounted by rates of between 1.21% to 7.26%.

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

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

The following types of lease arrangements, contain extension and termination options:

- building leases – options to extend can vary from no extensions, month-to-month extensions and up to two fixed-term extensions.
- equipment leases – options to extend can vary from no extension and month-to-month extensions.

These terms are used to maximise operational flexibility in terms of managing contracts. Extension and termination options held are exercisable only by the health service and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extension and termination options was an increase in recognised lease liabilities and right-of-use assets of $324,533.

Subsequent measurement

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

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

Leases with significantly below market terms and conditions

Eastern Health holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as concessionary lease arrangements.

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

Description of leased asset	Our dependence on the lease	Nature and terms of the lease
The leased assets relate to various parcels of land.	The various leased parcels of land contain buildings which have the facilities to provide our services to the community. Eastern Health's dependence on these leases is considered high. These assets are of a special nature and there are limited readily available substitutes.	Lease payments on the different parcels of land vary between $12 and $104 per annum. The leases have various terms from 10 years to 40 years with only one having an extension option of 10 years. The assets can only be used to meet Eastern Health's business needs.

Note 6.2: Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		27	35
Cash at bank – CBS (excluding monies held in trust)		90,436	80,239
Total Cash held for Operations		**90,463**	**80,274**
Cash at bank – CBS (monies held in trust)		12,199	14,855
Total Cash Held as Monies in Trust	**5.6**	**12,199**	**14,855**
Total Cash and Cash Equivalents	**7.1(a)**	**102,662**	**95,129**

Note 6.3: Commitments for expenditure

30 June 2026	Less than 1 year $'000	1–5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	42,413	–	–	42,413
Operating expenditure commitments	173,555	267,144	23,085	463,784
Total commitments (inclusive of GST)	**215,968**	**267,144**	**23,085**	**506,197**
Less GST recoverable				(46,018)
Total commitments (exclusive of GST)				**460,179**

30 June 2025	Less than 1 year $'000	1–5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	40,851	–	–	40,851
Operating expenditure commitments	127,445	70,937	–	198,382
Total commitments (inclusive of GST)	**168,296**	**70,937**	**–**	**239,233**
Less GST recoverable				(21,748)
Total commitments (exclusive of GST)				**217,485**

How Eastern Health disclose commitments

The commitments relate to capital and operating expenditure.

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 individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

Note 6.4: Non-cash financing and investing activities

	2026 $'000	2025 $'000
Acquisition of Buildings, Plant and Equipment by means of Leases	50,861	24,173
Acquisition of Assets by means of Indirect Contribution by DH	53,053	30,097
Total non-cash financing and investing activities	**103,914**	**54,270**

Note 7: Risks, contingencies and valuation uncertainties

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

Structure

7.1: Financial instruments
7.2: Financial risk management objectives and policies
7.3: Contingent assets and contingent liabilities
7.4: Fair value determination

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Eastern Health has assumed the current use is its highest and best use. Eastern Health uses a range of valuation techniques to estimate fair value. Eastern Health selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs. Subsequently, Eastern Health applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: • Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Eastern Health does not categorise any fair values in this level. • Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Eastern Health categorises non-specialised land and non-specialised buildings in this level. • Level 3, where inputs are unobservable. Eastern Health categorises specialised land, specialised buildings, plant, equipment, furniture, fittings and vehicles in this level.

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

Note 7.1(a): Categorisation of financial instruments

30 June 2026	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	102,662	–	102,662
Receivables	5.1	142,104	–	142,104
Total Financial Assets (i)		**244,766**	**–**	**244,766**
Financial Liabilities				
Payables	5.4	–	140,040	140,040
Borrowings	6.1	–	120,851	120,851
Other Financial Liabilities – Refundable Accommodation Deposits	5.6	–	12,199	12,199
Other Financial Liabilities – Other	5.6	–	8,781	8,781
Total Financial Liabilities (i)		**–**	**281,870**	**281,870**

30 June 2025	Note	Financial Assets at Amortised Cost $'000	Financial Liabilities at Amortised Cost $'000	Total $'000
Contractual Financial Assets				
Cash and Cash Equivalents	6.2	95,129	–	95,129
Receivables	5.1	123,080	–	123,080
Total Financial Assets (i)		**218,209**	**–**	**218,209**
Financial Liabilities				
Payables	5.4	–	122,977	122,977
Borrowings	6.1	–	69,203	69,203
Other Financial Liabilities – Refundable Accommodation Deposits	5.6	–	14,855	14,855
Other Financial Liabilities – Other	5.6	–	8,870	8,870
Total Financial Liabilities (i)		**–**	**215,905**	**215,905**

(i) The carrying amounts exclude statutory receivables (i.e. GST receivable) and statutory payables (i.e. PAYG and deferred capital grant income).

How Eastern Health categorise financial instruments

Categories of financial assets

Financial assets are recognised when Eastern Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Eastern Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 paragraph 63.

Financial assets at amortised cost

Financial assets are measured at amortised costs 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 Eastern Health solely to collect the contractual cash flows; and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

Eastern Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities are recognised when Eastern Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

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.

Eastern Health recognises the following liabilities in this category:

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

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

Derecognition of financial liabilities

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

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability.

The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2: Financial risk management objectives and policies

As a whole, Eastern Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Eastern Health's main financial risks include credit risk, liquidity risk, interest rate risk and equity price risk. Eastern Health manages these financial risks in accordance with its financial risk management standard.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Note 7.2(a): Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Eastern Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Eastern Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Eastern Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk.

In addition, Eastern Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Eastern Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Eastern Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 90 days overdue and changes in debtor credit ratings.

Contractual financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Eastern Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Eastern Health's credit risk profile in 2025–26.

Impairment of financial assets under AASB 9

Eastern Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach. Subject to AASB 9, the impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to an impairment assessment under AASB 9.

The credit loss allowance is classified as "other economic flows" in the net result.

Contractual receivables at amortised cost

Eastern Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Eastern Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Eastern Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

On this basis, Eastern Health determines the closing loss allowance at the end of the financial year as follows:

30 June 2026	Note	Current	Less than 1 month	1–3 months	3 months–1 year	1–5 years	Total
Expected loss rate		**0%**	**0%**	**8%**	**39%**	**52%**	
Gross carrying amount of contractual receivables ($'000)	5.1	20,012	6,848	2,708	2,862	4,079	36,509
Loss allowance		**–**	**–**	**207**	**1,108**	**2,105**	**3,420**

30 June 2025	Note	Current	Less than 1 month	1–3 months	3 months–1 year	1–5 years	Total
Expected loss rate		**0%**	**0%**	**11%**	**40%**	**60%**	
Gross carrying amount of contractual receivables ($'000)	5.1	12,166	14,925	1,533	3,527	2,562	34,713
Loss allowance		**–**	**–**	**174**	**1,401**	**1,526**	**3,101**

Statutory receivables at amortised cost

Eastern Health's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

Note 7.2(b): Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Eastern Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements;
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations;
- holding investments and other contractual financial assets that are readily tradable in the financial markets; and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Eastern Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The following table discloses the contractual maturity analysis for Eastern Health's financial liabilities. For interest rates applicable to each class of liability, refer to individual notes to the financial statements.

				Maturity Dates				
30 June 2026	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1–3 Months $'000**	**3 Months–1 Year $'000**	**1–5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at Amortised Cost								
Payables	5.4	140,040	140,040	51,981	54,220	33,839	–	–
Borrowings	6.1	120,851	181,668	1,426	2,853	12,838	51,799	112,752
Refundable Accommodation Deposits	5.6	12,199	12,199	12,199	–	–	–	–
Other Liabilities	5.6	8,781	8,781	684	8,081	16	–	–
Total Financial Liabilities		**281,870**	**342,688**	**66,290**	**65,154**	**46,693**	**51,799**	**112,752**

				Maturity Dates				
30 June 2025	**Note**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1–3 Months $'000**	**3 Months–1 Year $'000**	**1–5 Years $'000**	**Over 5 years $'000**
Financial Liabilities at Amortised Cost								
Payables	5.4	122,977	122,977	36,097	52,565	34,315	–	–
Borrowings	6.1	69,203	91,242	1,433	2,865	12,681	33,019	41,244
Refundable Accommodation Deposits	5.6	14,855	14,855	14,855	–	–	–	–
Other Liabilities	5.6	8,870	8,870	453	8,401	16	–	–
Total Financial Liabilities		**215,905**	**237,944**	**52,838**	**63,831**	**47,012**	**33,019**	**41,244**

(i) Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

Note 7.2(c): Market risk

Eastern Health's exposures to market risk are primarily through interest rate risk and equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed below.

Sensitivity disclosure analysis and assumptions

Eastern Health's sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period. The following movements are 'reasonably possible' over the next 12 months:

- a change in interest rates of 1.5% up or down.

Interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Eastern Health does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Eastern Health has minimal exposure to cash flow interest rate risks through cash and deposits that are at floating rate.

Equity risk

Eastern Health has no exposure to equity price risk as it has no investments in listed and unlisted shares and managed investment schemes.

Note 7.3: Contingent assets and contingent liabilities

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

How Eastern Health measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Note 7.4: Fair value determination

How Eastern Health measure fair value

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

The following assets and liabilities are carried at fair value:

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

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.

Eastern Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been transfers between levels during the period as outlined in reconciliation of level 3 fair value measurement.

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

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e. an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

30 June 2026	Note	Carrying amount $'000	Fair value measurement at end of reporting period using: Level 1(i) $'000	Level 2(i) $'000	Level 3(i) $'000
Non-Specialised Land at Fair Value		69,762	–	69,762	–
Specialised Land at Fair Value(ii)		139,440	–	–	139,440
Total Land at Fair Value	**4.1(a)**	**209,202**	**–**	**69,762**	**139,440**
Specialised Buildings at Fair Value(ii)		1,264,868	–	–	1,264,868
Total Buildings at Fair Value	**4.1(a)**	**1,264,868**	**–**	**–**	**1,264,868**
Plant, and Equipment and Vehicles at Fair Value(ii)		32,807	–	–	32,807
Total Plant and Equipment and Vehicles at Fair Value	**4.1(a)**	**32,807**	**–**	**–**	**32,807**
Total Non-Financial Physical Assets at Fair Value		**1,506,877**	**–**	**69,762**	**1,437,115**

30 June 2025	Note	Carrying amount $'000	Fair value measurement at end of reporting period using: Level 1(i) $'000	Level 2(i) $'000	Level 3(i) $'000
Non-Specialised Land at Fair Value		69,763	–	69,763	–
Specialised Land at Fair Value		158,177	–	–	158,177
Total Land at Fair Value	**4.1(a)**	**227,940**	**–**	**69,763**	**158,177**
Specialised Buildings at Fair Value		1,349,034	–	–	1,349,034
Total Buildings at Fair Value	**4.1(a)**	**1,349,034**	**–**	**–**	**1,349,034**
Plant, and Equipment and Vehicles at Fair Value		59,304	–	–	59,304
Total Plant and Equipment and Vehicles at Fair Value	**4.1(a)**	**59,304**	**–**	**–**	**59,304**
Total Non-Financial Physical Assets at Fair Value		**1,636,278**	**–**	**69,763**	**1,566,515**

(i) Classified in accordance with the fair value hierarchy.

(ii) Asset does not include ROU since it is now at cost, refer to change in policy note 1.6.

How Eastern Health measure fair value of non-financial physical assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

Eastern Health assumes the current use reflects highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Eastern Health perform a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

Note 7.4: Fair value determination (continued)

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, Eastern Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

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 by adding Appendix F *Australian implementation guidance for not-for-profit public sector entities*. Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

An independent valuation of Eastern Health non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2026 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, Eastern Health will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). Eastern Health does not expect the impact to be material to the financial statements.

There were no changes in valuation techniques throughout the period to 30 June 2026.

Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

Specialised land and specialised buildings

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

During the reporting period, Eastern Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact its fair value.

The market approach is also used for specialised land although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

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. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Eastern Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Eastern Health's specialised land was performed by the Valuer-General Victoria. The effective date of the valuation was 30 June 2024.

Vehicles

Eastern Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by Eastern Health which sets relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value.

Reconciliation of level 3 fair value measurement

	Note	Land $'000	Buildings $'000	Plant, equipment, furniture, fittings and vehicles $'000
Balance at 1 July 2024		**161,751**	**1,368,769**	**67,083**
Additions/(Disposals)		(2,214)	66,726	12,195
Depreciation and amortisation		(1,360)	(86,461)	(19,974)
Balance at 30 June 2025	**7.4(a)**	**158,177**	**1,349,034**	**59,304**
Net Transfers from fair value to cost	1.6	(18,738)	(23,890)	(18,867)
Additions/(Disposals)		–	13,392	5,529
– Depreciation and amortisation		–	(73,668)	(13,159)
Balance at 30 June 2026	**7.4(a)**	**139,439**	**1,264,868**	**32,807**

Fair value determination of level 3 fair value measurement

Asset class	Likely valuation approach	Significant inputs (Level 3 only)[(i)]
Non-specialised land	Market approach	N/A
Specialised Land (Crown/Freehold)	Market approach	Community Service Obligations Adjustments[(i)]
Non-specialised buildings	Market approach	N/A
Specialised buildings	Current replacement cost approach	• Cost per square metre • Useful life
Plant, equipment, furniture, fittings and vehicles	Current replacement cost approach	• Cost per unit • Useful life

(i) A Community Service Obligation (CSO) of 20% was applied to the Eastern health's specialised land classified in accordance with the fair value hierarchy.

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: Reconciliation of net result to net cash flows from operating activities
8.2: Responsible persons' disclosures
8.3: Remuneration of executive
8.4: Related parties
8.5: Remuneration of auditors
8.6: Events occurring after the balance sheet date
8.7: Equity

Note 8.1: Reconciliation of net result to net cash flows from operating activities

	Note	2026 $'000	2025 $'000
Net Result For The Period		**(14,833)**	**(54,853)**
Non-Cash Movements:			
(Gain)/Loss on sale or disposal of non-financial assets		(162)	(106)
Depreciation of Non-Current Assets	4.3	100,946	103,010
Amortisation of Non-Current Assets	4.3	4,495	4,609
Assets and services received free of charge		(394)	(826)
Loss allowance for receivables		319	1,780
(Gain)/Loss on revaluation of long service leave liability		(5,882)	(610)
Capital Grant - Indirect Contribution by Department of Health		(53,053)	(30,097)
Discount (interest) / expense on loan		4	85
Other non-cash movements		(6,111)	(13,744)
Movements in Assets and Liabilities:			
(Increase)/Decrease in Receivables and Contract Assets		(13,776)	(8,111)
(Increase)/Decrease in Inventories		600	1,219
(Increase)/Decrease in Prepaid Expenses		1,865	(1,781)
Increase/(Decrease) in Payables and Contract Liabilities		28,738	(9,102)
Increase/(Decrease) in Employee Benefits		21,412	23,457
Increase/(Decrease) in Monies in Trust		(2,745)	2,063
Increase/(Decrease) in Other Provisions		443	(259)
Net Cash Inflow From Operating Activities		**61,866**	**16,734**

Note 8.2: Responsible persons' disclosures

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

	Period
RESPONSIBLE MINISTERS	
The Honourable Mary-Anne Thomas MP	
Minister for Health	1/07/2025 to 14/04/2026
Minister for Ambulance Services	1/07/2025 to 14/04/2026
Honourable Harriet Shing MP	
Minister for Health	15/04/2026 to 30/06/2026
Minister for Ambulance Services	15/04/2026 to 30/06/2026
The Honourable Ingrid Stitt MP	
Minister for Mental Health	1/07/2025 to 30/06/2026
Minister for Ageing	1/07/2025 to 30/06/2026
Minister for Multicultural Affairs	1/07/2025 to 30/06/2026
The Honourable Lizzy Blandthorn MP	
Minister for Children	1/07/2025 to 30/06/2026
Minister for Disability	1/07/2025 to 30/06/2026
The Honourable Melissa Horne MP	
Minister for Health Infrastructure	1/07/2025 to 30/06/2026
Minister for Prevention of Family Violence	15/04/2026 to 30/06/2026
GOVERNING BOARD	
Mr Tass Mousaferiadis	1/07/2025 to 30/09/2025
Mr Eugene Arocca	1/10/2025 to 30/06/2026
Ms Sally Freeman	1/07/2025 to 30/06/2026
Mrs Penny Hutchinson	1/07/2025 to 30/06/2026
Dr Bob Mitchell AM	1/07/2025 to 30/06/2026
Prof. Ross Coppel AO	1/07/2025 to 30/06/2026
Mr Joseph Morrison	1/07/2025 to 30/06/2026
Ms Fiona Prestedge	1/07/2025 to 30/06/2026
Dr Angela Williams	1/07/2025 to 30/06/2026
ACCOUNTABLE OFFICER	
Chief Executive Office	
Adj. Prof. David Plunkett	1/07/2025 to 06/03/2026
Ms Toni Gutschlag	7/03/2026 to 06/04/2026
Prof. Helen Cooper	7/04/2026 to 30/06/2026

Note 8.2: Responsible persons' disclosures (continued)

Remuneration of responsible persons

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

	Number of Directors and Accountable Officers	
	2026	2025
Income Band		
$20,000 – $29,999	1	–
$30,000 – $39,999	–	1
$40,000 – $49,999	7	7
$60,000 – $69,999	1	–
$90,000 – $99,999	–	1
$510,000 – $519,999	1	–
$600,000 – $609,999	–	1
	10	**10**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable	**944**	**1,027**

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

Note 8.3: Remuneration of executives

Executive officers' remuneration

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.

	2026 $'000	2025 $'000
Remuneration of Executive Officers (including Key Management Personnel disclosed in Note 8.4)		
Short-term benefits	2,768	3,081
Other long-term benefits	110	491
Post-employment benefits	240	299
Termination Benefits	–	433
Total Remuneration (i)	**3,118**	**4,304**

	2026	2025
Total Number of Executives (i)	**14**	**14**
Total Annualised Employee Equivalent (ii)	**9**	**8**

(i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Eastern Health under AASB 124 *Related Party Disclosures* and are also reported within Note 8.4 Related Parties.

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

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

Short-term employee benefits

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other long-term benefits

Long service leave, other long-service benefit or deferred compensation.

Termination benefits

Termination of employment payments, such as severance packages.

Other factors

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

Note 8.4: Related parties

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

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

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

Key management personnel

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

Name	Position	Duration
Mr Tass Mousaferiadis	Chair of the Board	1/7/2025 to 30/9/2025
Mr Eugene Arocca	Chair of the Board	1/10/2025 to 30/6/2026
Ms Sally Freeman	Board member	Full Year
Mrs Penny Hutchinson	Board member	Full Year
Dr Bob Mitchell AM	Board member	Full Year
Professor Ross Coppel	Board member	Full Year
Mr Joseph Morrison	Board member	Full Year
Ms Fiona Prestedge	Board member	Full Year
Dr Angela Williams	Board member	Full Year
Adjunct Professor David Plunkett	Chief Executive	1/7/2025 to 6/3/2026
Ms Toni Gutschlag	Acting Chief Executive	7/3/2026 to 6/4/2026
Adjunct Professor Helen Cooper	Chief Executive	7/4/2026 to 30/6/2026
Adjunct Clinical Associate Professor Evan Newnham	Acting Executive Director – Clinical Operations	1/7/2025 to 7/12/2025
	Executive Director – Clinical Operations	8/12/2025 to 30/06/2026
Mr Adam Williams	Executive Director – People and Culture	Full Year
Mr Rohan Lovell	Executive Director – Infrastructure and Digital	Full Year
Associate Professor Alison Dwyer	Executive Director – Clinical Governance, Chief Medical Officer	1/7/2025 to 22/6/2026
Adjunct Clinical Professor Paul Buntine	Acting Executive Director – Clinical Governance, Chief Medical Officer	23/06/2026 to 30/6/2026
Mr Rama Devarajan	Executive Director – Finance and Procurement, Chief Finance Officer and Chief Procurement Officer	Full Year
Ms Ged Millard	Executive Director – Allied Health Strategy, Improvement and Experience	Full Year
Professor Philippa Blencowe	Executive Director – Nursing and Midwifery, Support Services and RACS	Full Year
Ms Toni Gutschlag	Executive Director – Mental Health, Clinical Support and Transformation	1/7/2025 to 6/3/2026 and 7/4/2026 to 30/6/2026
Ms Joanne Wiid	Acting Executive Director – Mental Health, Clinical Support and Transformation	7/3/2026 to 6/4/2026

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

	2026 $'000	2025 $'000
Compensation – KMPs		
Short-Term Benefits	3,635	4,015
Other Long-Term Benefits	112	510
Post-Employment Benefits	318	373
Termination Benefits	–	433
Total(i)	**4,065**	**5,331**

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

Significant transactions with government related entities

Eastern Health received funding from the Department of Health of $1.517 million (2024/25 $1.419 million) and indirect contributions of $3.0 million (2024/25 $1.4 million). The net balance owed by the DH at 30 June 2026 is $Nil (2025: NIL).

At year end, the Long Service Leave funding receivable from the DH is $104.188 million (2025: $98.077 million).

Expenses incurred by Eastern Health in delivering services and outputs are in accordance with HealthShare Victoria requirements. Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian health service providers on commercial terms.

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

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

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

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

Note 8.5: Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of Eastern Health's Financial Statements	147	140
Total Remuneration of Auditors	**147**	**140**

Note 8.6: Events occurring after the balance sheet date

In February 2026, the Boards of Alexandra District Health and Eastern Health formally recommended a voluntary amalgamation to strengthen access to care closer to home for the Alexandra and district community. This recommendation has been approved and was part of an official gazettal by the Governor of Victoria on the 28 August 2026. An effective date of implementation of the amalgamation is planned for 1 November 2026.

As at 30 June 2026, there are no financial impacts in the Eastern Health accounts as a result of the future amalgamation.

Note 8.7: Equity

Contributed capital

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 Eastern Health.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

Property, plant and equipment revaluation surplus

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) on derecognition of the relevant asset.

Restricted specific purpose reserves

Restricted specific purpose reserves are funds where Eastern Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds.

Glossary



Glossary

Term	Definition/usage
ACHS	Australian Council on Healthcare Standards
Acute episode	A rapid onset and/or short course of illness.
Acute hospital	Short-term medical and/or surgical treatment and care facility.
Apgar score	A measure of the physical condition of a newborn baby.
Allied health	Allied health professionals provide clinical healthcare, such as audiology, psychology, nutrition and dietetics, occupational therapy, orthotics and prosthetics, physical therapies including physiotherapy; speech pathology and social work.
Ambulatory care	Care given to a person who is not confined to a hospital/requiring hospital admission but rather is ambulatory and literally able to "ambulate" or walk around.
BAU	Business as Usual
CCTV	Closed Circuit Television
CSIRO	Commonwealth Scientific and Industrial Research Organisation
Chronic condition	An illness lasting six months or more, requiring ongoing healthcare management.
Discharge	Discharge is the point at which a patient leaves the health service and either returns home or is transferred to another facility, such as a nursing home.
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
Eastern@Home	Service that provides care in the comfort of a patient's home or other suitable location. Clients are still regarded as hospital inpatients and remain under the care of a hospital clinician. Care may be provided by nurses, doctors or allied health professionals.
Emergency triage	There are five defined triage categories, determined by the Australasian College of Emergency Medicine, with the desirable time when treatment should commence for patients in each category who present to an emergency department: • Category 1: Resuscitation; seen immediately • Category 2: Emergency; seen within 10 minutes • Category 3: Urgent; seen within 30 minutes • Category 4: Semi-urgent; seen within one hour • Category 5: Non-urgent; seen within two hours
Emission	Output or discharge, as in the introduction of chemicals or particles into the atmosphere.
EMR	Electronic Medical Record
EQuIP National Standards	Four-year accreditation program for health services that ensures a continuing focus on quality across the whole organisation.
Every Minute Matters	This is the name given to a program of improvement initiatives.

Term	Definition/usage
FOI	Freedom of Information
FTE	Full-Time Equivalent
Gap analysis	Method of assessing the differences in performance to determine whether requirements are being met and if not, what steps should be taken to ensure they are met.
GEM	Geriatric evaluation and management
GJ	Gigajoule
GST	Goods and Services Tax
ICT	Information and Communication Technology
ICU	Intensive Care Unit
Inpatient	A patient whose treatment needs at least one night's admission in an acute or subacute hospital setting.
KgCO_2-e	Equivalent kilograms of carbon dioxide
kL	Kilolitre
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and more (+), describing diverse sexual orientations, gender identities, and sex characteristics.
m^2	Square metres
MRI	Magnetic Resonance Imaging
MWh	Megawatt hour
NAATI	National Accreditation Authority for Translators and Interpreters
NDIS	National Disability Insurance Scheme
NSQHS Standards	National Safety and Quality Health Service Standards
OBD	Occupied Bed Day
Occasion of service	Hospital contact for an outpatient, either through an on-site clinic or home visit.
OHS	Occupational Health and Safety
Outlier	A hospital that has a statistically significantly higher infection rate for a particular surgical procedure group compared to the VICNISS five-year aggregate for that procedure (includes all contributing hospitals in Victoria). Testing for statistical significance is performed each quarter but is based on data from the most recent two quarters (six months).
Outpatient	A person who is not hospitalised overnight but who may visit a hospital, clinic or associated facility, or may be visited in the home by a clinician for diagnosis, ongoing care or treatment.

Glossary (continued)

Term	Definition/usage
OVA	Occupational Violence and Aggression
Planned surgery	Hospitals use urgency categories to schedule surgery to ensure patients with the greatest clinical need are treated first. Each patient's clinical urgency is determined by their treating specialist. Three urgency categories are used throughout Australia: • Urgent: Admission within 30 days or condition(s) has the potential to deteriorate quickly to the point it may become an emergency. • Semi-urgent: Admission within 90 days. The person's condition causes some pain, dysfunction or disability. It is unlikely to deteriorate quickly/unlikely to become an emergency. • Non-urgent: Admission sometime in the future (within 365 days). The person's condition causes minimal or no pain, dysfunction or disability. It is unlikely to deteriorate quickly/unlikely to become an emergency.
Residential Inreach	Service that provides an alternative to emergency department presentations for clients in residential aged care facilities. It aims to support clients and staff to manage acute health issues when general practitioners or locums are unavailable.
SAB	*Staphylococcus* aureus bacteraemia
SAFE	Safe, Aggression Free Environment
Seclusion event	This is the sole confinement of a person to a room or other enclosed space from which it is not within the control of the person confined to leave.
Separations	Discharge from an outpatient service.
Stakeholder	Any individual, group or organisation affected by or interested in an organisation's activities.
Subacute illness	Any person, group or organisation that can lay claim to an organisation's attention, resources or output, or is affected by that output.
TAC	Traffic Accident Commission
Terms of Reference	Describes the purpose and structure of a committee, or any similar collection of people, who have agreed to work together to accomplish a shared goal.
VAGO	Victorian Auditor-General's Office.
VICNISS	Victorian Healthcare Associated Infection Surveillance System. The "N" stands for a word derived from Greek "nosocomial" meaning "originating in a hospital".
YTD	Year to Date

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Location

5 Arnold Street Box Hill, VIC 3128

Postal Address:
PO Box 94 Box Hill, VIC 3128

General inquiries

Phone: 1300 342 255

Website:
www.easternhealth.org.au

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Email:
feedback@easternhealth.org.au

Mail:
The Centre for Patient Experience
PO Box 94 Box Hill, VIC 3128

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Eastern Health Foundation

Phone: 03 9895 4608

Email:
fundraising@easternhealth.org.au

Website:
www.easternhealth.org.au/foundation

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