COLAC AREA Health

Annual Report 2025-2026



Our Vision

To be a trusted leader in integrated healthcare through operational excellence, innovation and compassion.



Inclusion

You are welcome at Colac Area Health – no matter who you are, where you're from, what your abilities are, or what your situation is.

Colac Area Health is committed to treating everyone with respect and care.



Family Violence

Everyone has the right to feel respected and safe in their relationships.

Colac Area Health is committed to:

- Understanding the impact of family violence on a person's health and wellbeing.
- Providing high quality care and support to those who are, or are at risk of, experiencing family violence.
- Focusing on prevention of family violence, including addressing gender inequality.



Child Safety

Children have the right to feel safe, and be safe, all the time.

Colac Area Health is committed to supporting children's safety and wellbeing.



Aboriginal and Torres Strait Islander Community

We, at Colac Area Health, acknowledge the Traditional Owners of the land, the Gulidjan People of the Maar Nation. We pay our respects to Elders past, present and emerging for they hold the memories, the traditions, the culture and rights of Aboriginal and Torres Strait Islander Peoples.

Colac Area Health is committed to strengthening meaningful connections with Aboriginal and Torres Strait Islander Peoples through the provision of culturally safe services to help close the gap and improve health outcomes.

Cover image: Molly and baby Ollie with Dr Anne McGuane, General Practitioner Obstetrician and Director Medical Education and Training

Opposite: Sara Hay, Clinical Nurse Consultant – Frank Minchinton Centre and Katie Lamb, consumer

Back cover: Colin Dunn, Advocate for Deaf consumers and community

Alternative formats

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This document is also available in PDF format from our website: www.cah.vic.gov.au



The Colours of this Country, Gulidjan Country.

Artist: Ebony Hickey. Gulidjan Woman, Maar Nation.

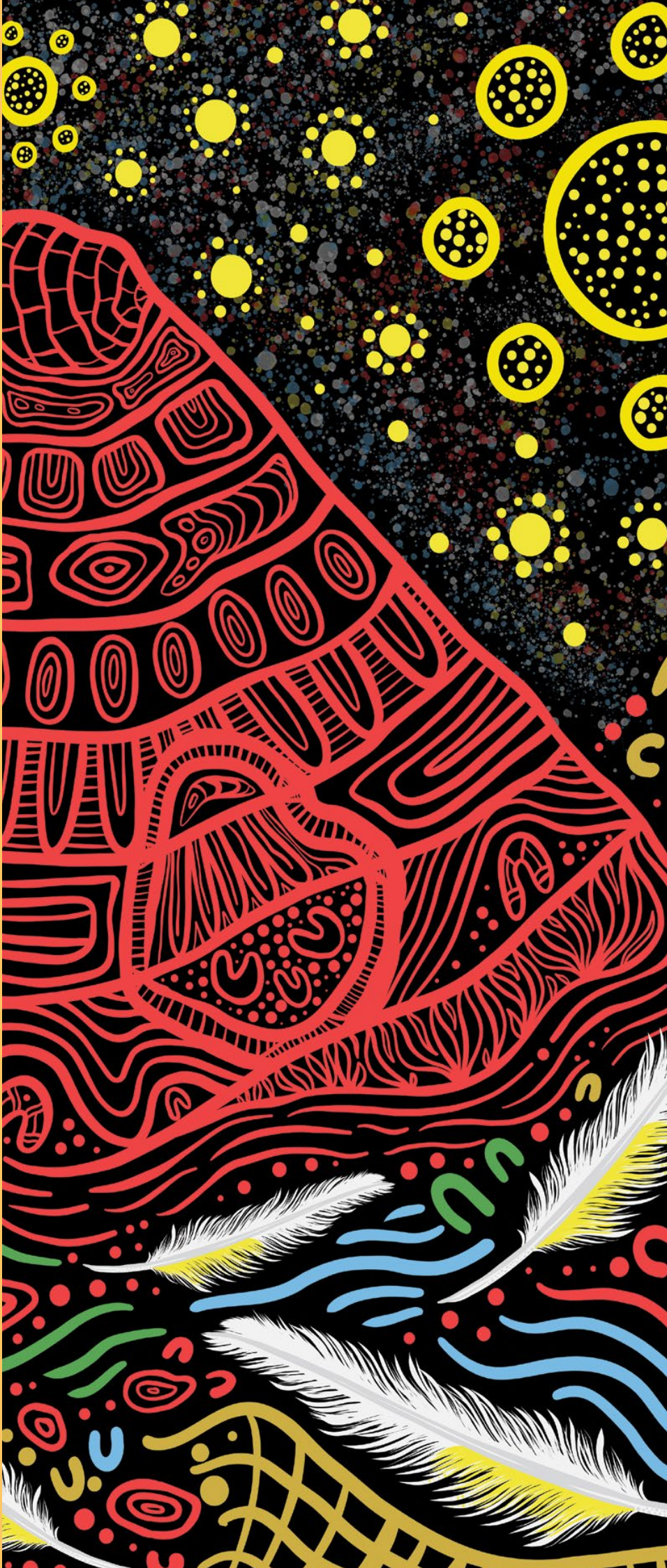
Colac Area Health is located on Gulidjan Meerreeng (Country), a unique volcanic bio-cultural landscape that has been part of my family's ancestral territory since before Meerreeng grew her lumps and bumps we now know as the Volcanic Plains.

This place where the rain and wind whistles across vast bodies of water, where megafauna shaped the lands, fertile soil and sand provides year-round for Meerreeng and her kin has been providing for us in bounty since the beginning of time. Sulphur crested cockatoos fill the blue skies that roll into the valleys and peaks of the luscious Otway foothills.

This artwork speaks specifically to the elements of Meerreeng relevant to health and wellbeing, far beyond the parameters of a western health setting, with Red Rock, Bandicoot tails, feathers, the stars and waterways that have found and guided us to maintain a strong and healthy connection to place.

This artwork demonstrates our knowledge of looking after Meerreeng properly, in a way that enhances health and wellbeing, a significant benefit for us all. Systems transformation work requires deep understanding, thinking and respectful partnerships. A reminder that we can't have healthy people without healthy country and we can't have healthy country without healthy people.

The original artwork gifted to Colac Area Health by Gulidjan Woman Ebony Hickey in 2017 has been digitised with the help of Worimi Artist and Creator Gerard Black and a series of digital art classes that took place with Mob at the Colac Aboriginal Gathering Place and Colac Koorie Kids Club in 2024.





Our Purpose

To be the trusted provider of optimal health outcomes by delivering or facilitating integrated person-centred care, achieving excellence through partnerships, research and innovation.

Our Values



Compassion
We are committed to keeping the patient at the centre of our care with understanding, empathy and personal kindness.



Collaboration
We will work together to achieve the best possible health outcomes for our community.



Integrity
We honour our word and act with honesty, transparency and fairness.



Accountability
We will be responsible for our decisions, actions and competence.



Respect
We treat all people with courtesy, kindness and professionalism.

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Rachael Duynhoven, Exercise Physiologist and Martin Calvert – Reconditioning Exercise Group.

Message from the Board Chair and Chief Executive

As Board Chair and Chief Executive Officer, we are pleased to present the Colac Area Health Annual Report for the 2025-2026 financial year.

The 2025-2026 year tested our community in ways few could have anticipated. The bushfires that swept through the Colac Otway region in early 2026 left an indelible mark on our staff, consumers and families; and on the broader community we are so proud to serve. It was a period of genuine hardship, uncertainty, and for some, profound loss. We witnessed the very best of our community coming together with extraordinary generosity and resilience. We are deeply grateful to every staff member, volunteer and community partner who carried the organisation forward through such a difficult time.

This report provides an opportunity not only to reflect on the achievements of the past year, but also to look ahead with confidence and purpose. Guided by our vision to be a trusted leader in integrated healthcare, we remain committed to delivering high-quality, compassionate care for our community, today and into the future. Over the past year, Colac Area Health has continued to meet the evolving health needs of our region, providing integrated services across hospital, aged care and community settings to a growing and diverse population. Our focus has remained firmly on ensuring that care is accessible, responsive and delivered as close to home as possible.

Working together for better outcomes

A key theme of this year has been the strength of our partnerships. We are proud of the collaborative approach we have taken with local schools, community organisations, regional partners and government agencies to improve health outcomes and wellbeing.

Programs delivered in collaboration with partners, particularly those engaging young people in health promotion and prevention, demonstrate what can be achieved when communities are empowered and connected. These partnerships are central to our success and will remain a cornerstone of our future direction. Importantly, our partnerships with other agencies across the region continue to strengthen and become further embedded in the way we deliver care.

Victoria's Local Health Service Networks are designed to improve coordination across the health system, supporting care closer to home, access to specialist expertise, and seamless transitions for ongoing recovery. Colac Area Health's role within the Barwon Local Health Service Network gives our community confidence that local services are connected to the right clinical expertise, referral pathways and escalation supports when they are needed.

Through this network, Colac families benefit from clear clinical pathways that support care being provided locally wherever it is safe and appropriate, while ensuring timely escalation to larger or specialist services when required.

National Safety and Quality Health Service Standards

In August 2025, Colac Area Health underwent a comprehensive accreditation survey against the National Safety and Quality Health Service (NSQHS) Standards. We are proud to report that Colac Area Health met all standards assessed and accreditors commended the organisation for its strong commitment to the safe, high-quality care of patients across all service areas. This outcome reflects the dedication of our staff and the effectiveness of the systems and processes we have in place to support continuous improvement in patient safety and quality of care.

Building for the future

This year has also been marked by continued investment in infrastructure that will sustain and strengthen our services for years to come. Progress on the development of the Regional Workers Accommodation represents a significant step in addressing one of the most critical challenges facing rural health services, attracting and retaining a skilled workforce.

We have also seen enhancements in clinical capacity, including the expansion of cancer treatment services at the Frank Minchinton Centre, ensuring more members of our community can access vital care locally.

Opposite top: Workers Accommodation to be completed October 2026

Opposite bottom: Maria Cirillo, Miller House Participant and Mia Kilfoyle, Social Support Activity Facilitator



Research

Our research footprint continues to grow in strength with ten new projects initiated in the 2025-2026 financial year, led by Research Directors Dr Laura Alston and Dr Michael Field. Dr Laura Alston co-authored a series of publications on rural cancer patient outcomes which included publication in the prestigious medical journal *The Lancet Regional Health – Western Pacific* and widely-read mainstream online media outlet *The Conversation*.

Recognising our supporters

We acknowledge with deep gratitude the ongoing generosity of our donors, community supporters and volunteers. The Colac Area Health Foundation plays a critical role in enabling enhancements to equipment, services and facilities, ensuring that our community continues to benefit from high-quality care close to home.

This strong support reflects the community's enduring belief in, and commitment to, Colac Area Health. We sincerely thank every individual, family and organisation who has contributed over the past year.

During the year, Colac Area Health received a generous bequest from the Estate of the late Robert John Speirs; one of the most significant philanthropic gifts in our history. This remarkable contribution will help strengthen healthcare for the Colac region for many years to come. Together with the Foundation's ongoing fundraising efforts, it will deliver a lasting impact on local healthcare.



Colac Area Health Foundation

Through the support of the Colac Area Health Foundation and its Long Road Appeal, planning continues for a new Wellbeing Centre that will further extend our ability to provide holistic, person-centred care for patients and their families. These investments reflect a deliberate and forward-looking approach to meeting the future health needs of our region. With the support of the local community and the Foundation, equipment funded during the 2025-2026 financial year included new treatment chairs for the Frank Minchinton Cancer Centre, a Cardiotocography machine for the Maternity Unit and patient lifting equipment for the Acute Ward.

Community Advisory Committee

Colac Area Health extends its sincere thanks to the Community Advisory Committee for their ongoing dedication and valuable contribution over the past year. Their insights and commitment to representing the voice of our community have played an important role in shaping health services and ensuring they continue to meet the needs of the people we serve.

Our people

We again recognise the exceptional contribution of our staff and volunteers. Their dedication, adaptability and compassion underpin every aspect of our service delivery. In an environment of increasing demand and complexity, their efforts have ensured we continue to deliver safe, high-quality care to all who need it.

We remain focused on supporting our workforce through initiatives that enhance recruitment, retention, employee well-being and professional development, recognising that our people are our greatest asset.





Left: Lauren Ryan, Speech Pathologist and Edward, Paediatric Consumer

Above: Brett Costin, Workforce Training and Development

Recognition of service

The close of the financial year has also seen some changes at a governance level. We farewell three outgoing Board Directors this year: Ms Anne-Marie Leslie, Ms Joanna Carden and Ms Sue Walpole.

Anne-Marie concluded eight years of dedicated service on the Colac Area Health Board. Throughout her tenure, Anne-Marie served as Chair of the Consumer Care and Engagement Committee and as the Board's representative on the Community Advisory Committee. Anne-Marie recently held the position of Deputy Chair, providing leadership and support to the Board and Executive. Her expertise and commitment made a lasting contribution to consumer engagement, communications, and organisational governance.

Joanna was first appointed as Board Director in 2020 and during this time proved to be a valuable resource in planning for the future. Jo served on the Finance, Risk and Audit Committee and Chaired the Safety and Quality Committee, lending her expertise in program management, governance frameworks, enterprise and risk management.

Sue Walpole concluded three years of service on the Colac Area Health Board in May 2026. Throughout her tenure, Sue served on the Consumer Care and Engagement Committee and the Aged Care Committee and was a passionate advocate for the communities we serve.

The Board sincerely thanks Anne-Marie, Jo and Sue for their dedication and service to the organisation and wishes them well in their future endeavours.

We would also like to extend our sincere appreciation and thanks to two retiring members of the senior leadership team. Dr Ian MacKay, Clinical Director of Medical Services and Director of Perioperative Services and Trevor Olsson, Executive Director People and Culture. Ian and Trevor's contributions to Colac Area Health have been invaluable and we wish them all the very best for their retirement.

Looking ahead

As we look to the future, we do so with optimism and ambition. We are committed to building on the strong foundations established this year by:

- Continuing to invest in strengthening partnerships and community connections.
- Investing in infrastructure and service innovation.
- Supporting and growing our workforce.
- Expanding prevention and wellbeing initiatives.

Together, these priorities position Colac Area Health to meet the challenges ahead and continue delivering on our commitment to our community.

We thank our staff, volunteers, partners, donors and the broader community for their ongoing support and trust. It is through this shared commitment that we will continue to achieve our vision for better health and wellbeing outcomes across our region.





Affiliate Professor Fiona Brew
Chief Executive
28 September 2026





Dr Georgina Hayden
Board Chair
28 September 2026

Colac Area Health at a Glance



Responsible Body's Declaration

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

Dr Georgina Hayden
Board Chair
28 September 2026

Staff employed* → 667

9,218 ← **Volunteer hours**

Babies born → 122

Telehealth appointments → 3,970

1,180 ← **Episodes of Care Haemodialysis**

Presentations to urgent care → 10,846

*Staff head count as at 30 June 2026

Staff Head Count includes staff on unpaid leave, parental leave and other extended leave. It also includes employees who have not accepted shifts in the month of June but remain active in our system.

Community Health client contacts → 64,527

148,504 ← Kilometres travel saved **Frank Minchinton Centre**

Surgeries at Colac Area Health → 3,087

7,679 ← **Acute care** admissions





Pictured L-R:
1. Molly and Sam with Baby Ollie
2. Zani Engelbrecht, Associate, Nurse Unit Manager – Acute Ward
3. Consumer Joan Williamson – 'Keeping Active' Miller House



Year in Review Highlights

Quarter One

Installation of a 'Wind Phone'

Colac's first 'Wind Phone' was installed at Colac Neighbourhood House, offering a unique and meaningful space for those experiencing grief. While not connected to a phone line, the 'Wind Phone' allows individuals to express their thoughts and feelings to loved ones who have passed, with the belief that their words are carried on the wind. It provides a place for remembrance, healing, and reflection.

We extend our sincere thanks to the Barwon South Western Region Palliative Care Consortium, Colac Men's Shed, Colac Woodcrafters Guild, and Colac Gifts and Engraving for their generous support in bringing this initiative to life.

NAIDOC Week 'The Next Generation: Strength, Vision and Legacy'

Colac Area Health staff and consumers celebrated 50 years of NAIDOC week together with local Traditional Owners, the Gulidjan people and Wathaurong Aboriginal Co-operative. The week celebrates the histories, cultures and achievements of Aboriginal and Torres Strait Islander peoples. Events included the official opening of the Colac Aboriginal Gathering Place, the NAIDOC Ball, and other community events.

Dying to Know Day event

The Palliative Care Team hosted community events in Colac and Apollo Bay to mark Dying to Know Day, a campaign that invites people to have honest conversations about death, dying, and end-of-life planning. Free screenings of the documentary 'Live The Life You Please' were held alongside insights from experts in the field. Both events drew strong attendance, a testament to the community's willingness to engage with a topic too often left unspoken, and a reminder that planning for end-of-life is not an act of resignation, but one of love and intention.

World Patient Safety Day

The 'Speaking up for Safety' campaign was launched in September 2025, on World Patient Safety Day. The Cognitive Institute's Speaking Up for Safety (SUFS) program has been implemented to create a workplace culture where every staff member feels confident and supported to raise concerns before harm occurs. Rather than waiting for an incident to happen, it encourages proactive communication and gives staff a structured, respectful way to challenge safety concerns.

Quarter Two

Christmas by the Lake event

In December, the community came together for Christmas by the Lake, an evening that celebrated the spirit of the festive season through local entertainment, food and family-friendly activities. The event drew a strong crowd and showcased the warmth, connection and generosity that define the Colac community.

Through this shared celebration, more than $27k was raised for the Colac Area Health Foundation, reflecting the community's ongoing commitment to supporting local healthcare.

Wannon Volunteer Awards

Our Palliative Care volunteers were recognised at the 2025 Wannon Volunteer Awards, an acknowledgement that reflects their compassion, dedication and the meaningful support they provide to individuals and families in our community.

Collectively, this remarkable group has contributed more than 30 years of service, supporting palliative care clients and their families across Colac. Their work includes regular companionship visits, caregiver respite, and bereavement support, providing comfort during some of life's most challenging times.

In addition, the volunteers coordinate the annual 'A Time to Remember' candlelit ceremony each December, in partnership with two Colac funeral directors. This deeply valued event brings the community together each year to honour and remember loved ones who have passed.

Opposite: Alyssa Howard, Registered Nurse – Community Nursing and Colin Dunn, Community Nursing Consumer

Farm My School

In November, the Colac community came together in an extraordinary display of collaboration, generosity and shared purpose through the 'Farm My School' and 'Build a Farm in a Day' initiative. In collaboration with 'Farm My School' and Colac Otway Shire, Colac Area Health was a key partner in the initiative. Over two days in November, more than 700 community members, volunteers, partners and supporters united to achieve something remarkable; establishing the 'Farm My School' Colac site within just 24 hours.

What began as an ambitious vision has quickly become a thriving, productive space that is already making a meaningful impact. The farm is now growing fresh, nutritious produce, providing hands-on learning opportunities for students, and creating a place for connection and engagement across the broader community.

This initiative stands as a powerful example of what can be achieved when a community works together, leaving a legacy that will support health, education and wellbeing for years to come.

Below: Farm My School project



Colac Country Women's Association Making a Difference

The Colac Country Women's Association (CWA) has demonstrated remarkable generosity through its recent support of Colac Area Health's Orange Door. The donation included essential items such as new clothing for local families, along with a contribution to Blooms Chemist to assist with prescriptions and other everyday necessities for people unable to afford these items.

This thoughtful support is making a tangible difference for families facing challenging circumstances, helping to ease immediate pressures while reinforcing a sense of care and dignity. It also serves as a powerful reminder of the strength, compassion and community spirit that continue to define Colac.

Quarter Three

Reflect Reconciliation Action Plan Launch

Colac Area Health proudly launched its Reflect Reconciliation Action Plan (RAP), marking an important step in our ongoing journey towards reconciliation. This foundational document underpins our commitment to building respectful relationships and strengthening engagement with Aboriginal and Torres Strait Islander peoples, communities and organisations.

Advance Care Planning Week

To mark Advance Care Planning Week, our Palliative Care team hosted a community event featuring a lived experience speaker who shared personal insights into the importance of completing an Advance Care Directive. The event highlighted the value of planning ahead and supporting individuals and families to make informed decisions about future healthcare.



Installation of Birregurra Library Vending Machine

In partnership with Colac Otway Shire, Colac Area Health supported the launch of a new library vending machine at Birregurra, offering extended access to books and library resources. This convenient, self-service facility helps to promote literacy, learning, and community connection in the region.

Above: Geelong Regional Library's Acting CEO David Semmens, Colac Otway Shire's Cr Mick McCrickard, Minister for Local Government Nick Staikos and Surf Coast Shire's Cr Liz Pattison.

National Closing the Gap Day

National Closing the Gap Day was recognised through the release of a Healthcare Journey booklet for Aboriginal and Torres Strait Islander peoples. This resource has been designed to support community members in understanding and navigating the services available at Colac Area Health, contributing to more accessible and culturally responsive care.

Strengthening Women's Health

Colac Area Health continues to prioritise women's health. A contingent of staff participated in the Barwon South West Public Health Strategy Forum focused on sexual and reproductive health, reinforcing our commitment to delivering informed, inclusive and responsive care for women in our region.

Colac Longest Lunch

The Colac Area Health Foundation's annual Colac Longest Lunch, held at the Lake View Café, once again brought the community together in support of local healthcare. This important fundraising event not only strengthens community connection but also delivers tangible outcomes, with funds raised contributing to the purchase of essential medical equipment and supporting the development of the Colac Area Health Wellbeing Centre.



Community Fundraising for the Wellbeing Centre

October 2025

Otways Winter Festival → $14,550

December 2025

Christmas by the Lake → $27,000

Sponsored and produced by Ace Radio/MixxFM

March 2026

Colac's Longest Lunch → $25,755

May 2026

Golf Day → $13,635

June 2026

Annual Tax Appeal → $20,945



Above left: Colac's Longest Lunch

Left: Christmas By the Lake staff volunteers Emily Alston, Health Promotion Coordinator, Amanda Wangman, Allied Health, Specialist Clinics and Social Support Manager and Kay Widdicombe, Executive Director Community Health



Quarter Four

Supporting Access to Period Products

Colac Area Health commenced participation in the Victorian Government initiative to make pads and tampons more accessible to everyone who needs them. As part of this initiative, vending machines were installed in four locations across the service, supporting dignity, equity and improved access to essential period products.

Future Use of the Colac Recreation Reserve

Colac Area Health was identified as the preferred leaseholder and manager of the Colac Recreation Reserve in Hearn Street, marking an important step towards securing a dedicated base for Colac Area Health Neighbourhood House programs.

This opportunity also supports continued access for local community groups. Colac Otway Shire Council and Colac Area Health are working together to explore how the centre can be used in a shared and complementary way, ensuring it continues to meet a broad range of community needs while supporting the facility's long-term sustainability.

The Frank Minchinton Centre: 10 Years of Care Close to Home

The Frank Minchinton Centre marked 10 years of providing high-quality cancer care to the Colac Otway community, close to home. Since opening its doors in 2016, the centre has saved local patients more than 10,000 trips to Geelong, equating to more than 1.5 million kilometres of travel.

By reducing the need for long-distance travel during treatment, the centre has enabled patients to spend more time with family and friends in the comfort of their own community during what is often one of life's most challenging times. The Frank Minchinton Centre remains committed to delivering compassionate, evidence-based care in a welcoming environment, supported by a highly skilled team.

Above: L-R: Gabi Rieniets – RN Frank Minchinton Centre, Sara Hay - Clinical Nurse Consultant, Ami Hillege - Executive Officer, CAH Foundation, Toni Cuthbertson – Chair – CAH Foundation, Sam Soggee, Executive Director Clinical Services, Michelle Carmody - ANUM Acute and Frank Minchinton Centre, Madhu Singh – Medical Oncologist and Marg Halliday - Volunteer

Birregurra Community Centre Upgrade

The Birregurra Community Centre underwent significant renovations to enhance accessibility and improve the overall functionality of the facility. The project included a full refurbishment of the gym, ensuring the centre is better equipped to meet the needs of all users and continues to support community health, wellbeing and participation.

Recognising Our Volunteers

National Volunteer Week was marked by an awards ceremony to recognise the remarkable contribution of volunteers who dedicated many hours of service over the year and are fundamental to the fabric of the organisation.

Colac Area Health was also represented at the Colac Volunteer Expo at Colac Otway Performing Arts Centre and Cultural Centre (COPACC), where staff shared information about the breadth and impact of our volunteer programs and the many ways volunteers support our services, patients, residents and community.

IDAHOBIT Day

Colac Area Health recognised IDAHOBIT Day with a staff morning tea to show support for inclusion, pride and allyship. The event provided an opportunity to acknowledge the importance of creating safe, respectful and inclusive environments for LGBTIQA+ people, while celebrating those who continue to advance equality around the world.

National Palliative Care Week

National Palliative Care Week was recognised by bringing the conversation about end-of-life into the community through orange heart displays in the Colac Memorial Square and the Colac Botanic Gardens. The displays helped raise awareness of palliative care and showed support for compassionate, person-centred end-of-life care for individuals, families and carers.

Supporting Bushfire Recovery

In response to bushfires in the region, Colac Area Health was funded to deliver the Emergency Recovery Support Program to affected communities. The program provides free, practical support helping residents access financial, legal and government assistance during recovery.

Vale Norm Tann

12 December 1940 - 21 April 2026

Colac Area Health and the Colac Area Health Foundation acknowledged with great sadness the passing of Norm Tann, a highly respected member of the Colac community and a valued friend and steadfast supporter of our organisation over many years.

Norm's contribution to Colac Area Health was both significant and deeply personal. He played an important role in helping bring the Frank Minchinton Centre to Colac, strengthening access to cancer care close to home for people across the Colac Otway region. The opening of the Centre also honoured the memory of his beloved wife, Margaret, through the naming of the Margaret Tann Treatment Room. Public reporting at the time of the Centre's opening recognised Norm among those connected with this important milestone in local cancer care.

Today, the Frank Minchinton Centre continues to provide holistic cancer care for patients and families in a welcoming, supportive environment, offering clinical treatment alongside emotional, practical and psychological support. Norm's generosity and vision have helped ensure that many local people can receive care within their own community, surrounded by family, friends and familiar supports.



Norm will be remembered for his quiet kindness, generosity, strength and wisdom. His passing on 21 April 2026, aged 85, was marked by many heartfelt tributes from family, friends and community members, reflecting a life well lived and the many people he touched.

Norm's legacy, and the legacy he shared with Margaret, will continue to make a lasting difference to Colac Area Health, the Colac Area Health Foundation and the community he cared for so deeply.

About Colac Area Health

Colac Area Health proudly provides high quality, integrated health care services primarily to the community of the Colac Otway Shire, serving a population of approximately 22,273* people, as well as communities across parts of Corangamite, and Surf Coast Shires.

*Population data sourced from the 2021 Census: Colac Otway Shire 22,273, Corangamite Shire Council 16,115, Surfcoast Shire Council 37,694

Our service model delivers accessible, person-centred care close to home, spanning acute, subacute, maternity, urgent care, residential aged care, dental services, and extensive community and home-based programs. In 2025-2026 Colac Area Health continued to strengthen service delivery, ensuring equitable access to healthcare for rural and regional communities.

Range of Services:

Inpatient Acute Care

Colac Area Health's acute inpatient ward provides 24 beds for medical and surgical patients, supporting the delivery of safe, high-quality care close to home for the local community. The service plays an important role in providing care for people who require hospital admission, while ensuring appropriate referral and escalation pathways are in place when more specialised care is needed.

The acute ward is supported by a dedicated multidisciplinary team and forms a key part of Colac Area Health's broader role within the Barwon Local Health Service Network, helping local patients access the right care, in the right place, at the right time.



Milly Maw, Reception/Call Centre Officer

Maternity Care

Colac Area Health's maternity service provides dedicated local care for women, babies and families, supported by two postnatal beds and two birth suites. The service enables families to access maternity care close to home, while maintaining strong clinical pathways for escalation to larger or specialist services when required.

Our maternity model is supported by a hybrid specialist workforce, including General Practitioner Obstetricians and Obstetrician-Gynaecologists. This approach strengthens local capability and provides families with confidence that they are supported by skilled clinicians and well-established referral pathways throughout their maternity journey.

Frank Minchinton Centre

The Frank Minchinton Centre provides dedicated, patient-centred cancer care in a supportive and welcoming environment. The facility includes six treatment chairs and one treatment room, with services supported by onsite and telehealth medical oncology clinics. This model improves access to specialist cancer care for people across the Colac Otway region.

Specialist Clinics

Colac Area Health has continued to expand its specialist clinic services, improving local access to a broad range of care. Services include antenatal care, lactation clinics, diabetes endocrinology, ophthalmology, pelvic health, paediatrics and pre-anaesthetic assessment.

Perioperative Services

Colac Area Health's perioperative services support patients throughout their surgical journey, from pre-operative planning through to surgery, recovery and discharge.

The service includes two operating theatres, anaesthetic rooms, a post-anaesthetic care unit, a day surgery area with 10 recovery beds and a Central Sterilisation Supply Department. A dedicated Planned Surgery Unit also supports people preparing for surgery, helping to ensure timely access to surgery, optimisation and pre-anaesthetic care.

Urgent Care

The Urgent Care Centre operates 24 hours a day, seven days a week, providing timely assessment and care for a broad range of urgent health needs within the local community. The service is supported by a hybrid specialist workforce, including General Practitioners, Fellows of the Australasian College for Emergency Medicine, Hospital Medical Officers, Nurse Practitioners and experienced nursing staff.

This model enables Colac Area Health to provide high-quality urgent care locally, including assessment and stabilisation for more complex presentations, with clear pathways for escalation and transfer to larger or specialist services when required. It ensures local people can access urgent care close to home, supported by skilled clinicians and strong clinical governance.

Residential Aged Care

Corangamarah is a 69-bed residential aged care home providing permanent care, as well as Restorative Care and Transitional Care Programs. Services are delivered with a strong focus on dignity, wellbeing and person-centred care, supporting residents to maintain quality of life in a safe and caring environment.

Community Health and Home-Based Services

Allied Health

Colac Area Health provides a broad range of allied health services to support recovery, independence and wellbeing. Services include physiotherapy, podiatry, dietetics, speech pathology, social work, exercise physiology, occupational therapy, health coaching and community dental services.

Family and Community Programs

Colac Area Health provides a coordinated and holistic range of supports designed to strengthen the wellbeing, safety and resilience of children, young people, families and the broader community.

Our programs work in partnership with individuals, services and local agencies to ensure people receive the right support at the right time. Services include family violence counselling and case management, alcohol and other drug support, integrated family support, financial counselling, transitional housing support, children's counselling, general counselling and the Barwon Orange Door Colac Access Point.

Community Nursing

Community Nursing provides specialised home-based care that supports people to receive care in the comfort of their own home where appropriate. Services include Community Palliative Care, Hospital in the Home, Post-Acute Care, Rehab@Home, Hospital Admission Risk Program and Heart@Home programs.

Social Support

Social support programs and group activities are delivered across multiple sites, including Miller House, Colac Neighbourhood House and Birregurra Community Health Centre. These programs support inclusion, connection and wellbeing for older people and vulnerable community members.

Research Excellence

Colac Area Health continues to be recognised as a leader in rural health research, maintaining a strong and growing research program with national and international reach.

In 2025-2026, Colac Area Health partnered with leading academic institutions including Deakin University, the University of Melbourne and Monash University to deliver externally funded research projects that directly benefit the local community.

Research activities spanned key priority areas including cardiovascular health, aged care, nutrition, cancer, public health, research capability building and the application of emerging technologies, including artificial intelligence in healthcare.

During the year, the Research Unit contributed to 20 peer-reviewed publications, reinforcing Colac Area Health's reputation for research excellence in a rural setting. Several of these publications demonstrate the impact of embedding research within our health service to strengthen research capability and culture. This work highlights how organisational support and strong partnerships can foster a sustainable research environment, enabling clinicians to engage in and apply evidence-based practice while building a strong foundation for ongoing innovation and improvement in rural healthcare delivery.

Two Colac Area Health clinicians were awarded competitive Supporting Translation of Research in Rural and Regional Settings (STaRR) Grants through Western Alliance in 2025. These grants provide opportunities to address the unique needs of our community and drive meaningful improvements in care delivery. One example is a project that focuses on translating best-quality evidence on the management of swallowing difficulty in older people into local policy and practice. The second project focuses on better understanding patterns of presentations for chronic obstructive pulmonary disease to the Urgent Care Centre.



Left: STaRR Grant Recipients Renee Heard, Speech Pathologist and Joel Craddock, Specialist Clinic Nurse Coordinator





Volunteers Making a Difference

Volunteers continue to play a vital role across Colac Area Health, enhancing the care experience for patients, residents, families, staff and the broader community.

In 2025-2026, volunteers supported patients, residents and staff across multiple programs and service areas. The Volunteer Transport Program assisted with 342 trips and appointments, improving access to essential healthcare services.

Volunteers contributed across a wide range of activities, including community visiting programs that reduce loneliness and social isolation, lifestyle and social activities in aged care, community palliative care events, community events and fundraising initiatives. Volunteers also contributed to Community Advisory Groups, bringing lived experience and local perspectives to help shape and improve our services.

This year, a new volunteer role was established to support the Allied Health team in the Seated Exercise Program at Corangamarah. Volunteers now assist on Wednesdays and Fridays, helping residents stay engaged, escorting them to and from sessions, and supporting the setup of the activity space.

Our Palliative Care volunteers were also recognised with a Wannon Volunteer Award, acknowledging their exceptional commitment to providing companionship to Community Palliative Care clients and their ongoing dedication to meaningful events such as 'A Time to Remember'.

The contribution of our volunteers reflects a strong culture of community connection, generosity and care, which remains central to Colac Area Health.

Number of **volunteers**

113

Hours contributed

9,218

Above: Marg Halliday, Volunteer - Frank Minchinton Centre and Phil Hunt, consumer

Above right: Vicki Fenton, Volunteer

Strategic Plan

2022-2027

Our Vision

To be a trusted leader in integrated healthcare through operational excellence, innovation and compassion.

Our Purpose

To be the trusted provider of optimal health outcomes by delivering or facilitating integrated person-centred care, achieving excellence through partnerships, research and innovation.

Our Values

Compassion

We are committed to keeping the patient at the centre of our care with understanding, empathy and personal kindness.

Integrity

We honour our word and act with honesty, transparency and fairness.

Respect

We treat all people with courtesy, kindness and professionalism.

Collaboration

We will work together to achieve the best possible health outcomes for our community.

Accountability

We will be responsible for our decisions, actions and competence.

Our Strategies

People and Culture

Attract and retain exceptional employees, volunteers and sub-contractors committed to our purpose and values by fostering an inclusive work culture and environment where we feel proud to work, engaged, empowered, safe and everyone matters.

- Colac Area Health will embed a values-based culture through symbols, rituals and processes that support the workforce to behave and act consistently with Colac Area Health values by:
  - Developing and implementing a staff health and wellbeing plan and;
  - The development and implementation of a rewards and recognition program.
- Colac Area Health Staff participation in the People Matters Surveys is maintained and achieved at the levels specified in our Statement of Priorities so we can clearly measure employee satisfaction, engagement and Work Health and Safety.
- Colac Area Health will embed a diversity and inclusion strategy resulting in increased recruitment and retention.
- Colac Area Health will closely monitor and manage:
  - Work Health and safety incidences;
  - Lost Time Injury Frequency Rate;
  - Leave Liabilities.
- Colac Area Health will measure and enhance the client experience; engage consistently; provide appropriate care close to home and continue to uphold the highest standards of safety and quality.

Innovations and Partnerships

Create strategic and collaborative partnerships to leverage innovation and opportunities that improve health care services and outcomes for the community.

- Colac Area Health will review and implement improvements in health journeys, pathways, continuity of care and partnerships for service delivery for:
  - Aged Care Services, home based care through to palliation (incorporating outcomes from the Royal Commission) and Geriatric Evaluation Management program.
  - Surgical and Clinical Services, (utilizing the Department of Health's Clinical Capability Framework and Partnerships Structures).
  - Primary Care, community health home based through to bed based sub-acute services (incorporating the outcomes from the Family Violence and Mental Health Royal Commissions).
  - Mental health through headspace partnerships
  - Effective partnerships in diagnostic services.
- Colac Area Health will establish and implement a Clinical Governance education and safe and effective care innovation program.
- Colac Area Health will utilise the Clinical Service Plan to identify, develop and implement key services for the community.
- By ensuring evidence based practice is embedded in service delivery.

Sustainability

Embrace sustainability and manage risk by being innovative and efficient in the management of Colac Area Health's resources, financial performance and the environment.

- In partnership with the Department of Health Colac Area Health will develop a Master Plan.
- Through the development and management of our Asset Management program we will ensure our assets and infrastructure are fit for purpose, environmentally sustainable and aligned to a new Master Plan.
- Colac Area Health will develop and implement a comprehensive ICT strategy to compliment emerging service models and streamline continuity of care including infrastructure upgrade.
- In partnership with South West Alliance of Rural Health, implementing a roadmap with a focus on building the cyber security capability and capacity across the health service.
- By developing our manager's capability in financial management, resulting in improved sustainability.
- Colac Area Health will develop and implement an environmental sustainability plan.
- Colac Area Health will maximize revenue sources through partnerships, management of activity and grant applications.
- In partnership with Colac Area Health Foundation, develop and implement a fundraising strategy.

Community Health

Build meaningful partnerships and capability for and with our community, ensuring delivery of evidence-based health care designed to achieve optimal outcomes.

- Colac Area Health will implement a care coordination model so patients know:
  - they are listened to, that they understand the different care options available to them and
  - they are involved as much as they want to be in making decisions about their care;
- Provision of consumer centred care for those living with one or more chronic disease conditions through integrated multi-disciplinary care with a focus on building self-efficacy and self-management.
- Colac Area Health will implement a digital model of care with a focus on:
  - home based care delivery, including remote monitoring;
  - expanding access to specialist services and allied health via a video enabled telehealth model.
- Consumers are provided with useful information on how to access care.
- Colac Area Health will measure and enhance the client experience; engage consistently; provide appropriate care close to home and continue to uphold the highest standards of safety and quality.

Manner of Establishment and Relevant Ministers

Manner of Establishment

Colac Area Health is a public health service established under the Health Services Act 1988 (Vic).

Relevant Ministers

The responsible Ministers are:

Minister for Health and Minister for Ambulance Services

The Hon Mary-Anne Thomas MP
From 1 July 2025 to 15 April 2026

Minister for Health, Minister for Ambulance Services and Minister for Water

Hon Harriet Shing MP
From 15 April 2026 to 30 June 2026

Minister for Mental Health and Minister for Ageing

The Hon Ingrid Stitt MP
From 1 July 2025 to 30 June 2026

Minister for Health Infrastructure

The Hon Melissa Horne MP
From 1 July 2025 to 30 June 2026

Minister for Disability and Minister for Children

The Hon. Lizzie Blandthorn
1 July 2025 to 30 June 2026



Left: Irene Galbraith, Consumer

Governance Structure of Colac Area Health

Board of Directors' Structure

Board of Directors

Dr Georgina Hayden (Chair)
Anne-Marie Leslie (Deputy Chair)
Brendan Morris (Treasurer)
Dr Margaret Grigg OAM
Dr Lisa-Jane Moody
Joanna Carden
Susan Walpole
Sylvia Barry
Dr Bruce Bartley

Board Directors serve on the following Board Sub-committees

Finance, Risk and Audit Committee

Brendan Morris (Committee Chair)
Joanna Carden
Dr Margaret Grigg OAM
Dr Georgina Hayden

Consumer Care and Engagement Committee

Anne-Marie Leslie (Committee Chair)
Margot Fitzpatrick (Consumer Representative)
Jennifer McDonald (Consumer Representative)
Dr Georgina Hayden

Quality and Safety Committee

Dr Lisa-Jane Moody (Committee Chair)
Dr Bruce Bartley
Dr Georgina Hayden

Aged Care Committee

Sylvia Barry (Committee Chair)
Dr Georgina Hayden
Dr Shainal Nathoo (Independent Member)
Sue Walpole

Executive Team

Chief Executive

Fiona Brew
Affiliate Professor, School of Medicine, Deakin University
RN, Perioperative Certificate, Grad. Dip. Acute Care Nursing, MBA, GAICD

Executive Director Clinical Services

Samantha Soggee
RN, MN, MBA

Executive Director Community Health

Kay Widdicombe
BBSc, BSW, Reg Psych (non-practising)

Executive Director People and Culture

Trevor Olsson
B.Bus (Mgt), CAHRI
(1 July 2025 - 27 February 2026, retired)

Kerry Dee
MCIPD MAHRI
(28 February - 30 June 2026)

Organisational Structure

Board of Directors

Chief Executive

- CAH Foundation Executive Officer
- Community Engagement and Communications Officer

Executive Director People and Culture

- Human Resources
- Payroll
- Work Health and Safety
- Environmental Services
- Food Services
- Volunteers

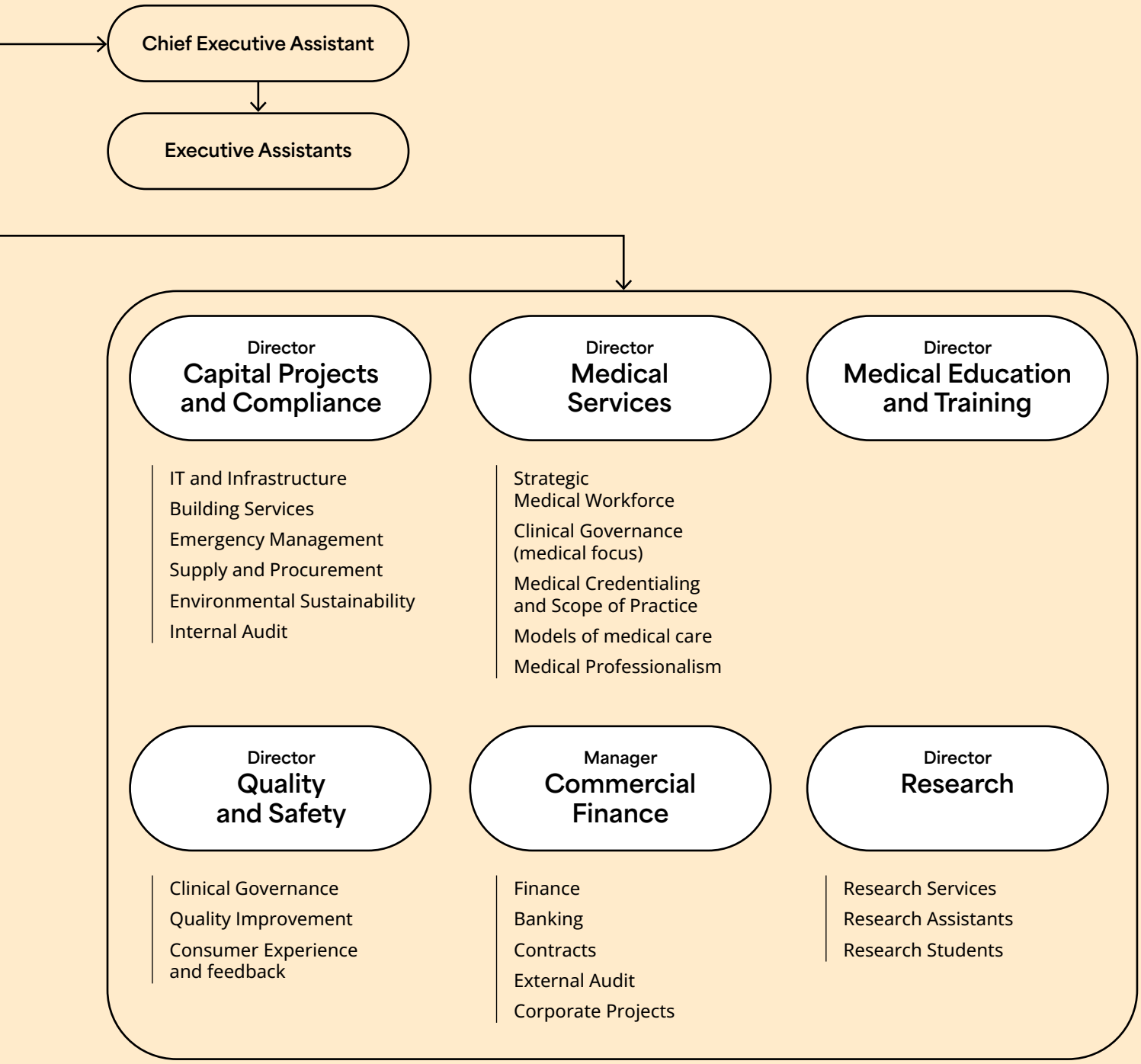
Executive Director Community Health

- Allied Health
- Family and Community Programs
- Community Nursing
- Health Promotion
- Specialist Clinics
- Social Support
- Intake
- Orange Door
- Dental Services
- Customer Services

Executive Director Clinical Services

- Medical Workforce Unit
- The Operations Centre – Access and Resource
- Residential Aged Care
- Acute Ward
- Aboriginal Health Unit
- Cancer Services – Day Oncology Unit
- Haemodialysis Unit
- Women's Health and Maternity Services
- Urgent Care Centre
- Perioperative Services
- Pharmacy
- Workforce Education, Training and Development
- Infection Control Service
- Health Information Services
- Medical Imaging – Barwon
- Pathology Services
- Blood Management and Transfusions
- Professional and Clinical Governance – Nursing and Midwifery





Opposite: Olivia Arbuthnot, HARP Coordinator

Aboriginal Cultural Safety

Colac Area Health remains committed to strengthening cultural safety, improving health outcomes and supporting respectful, inclusive and accessible care for Aboriginal and Torres Strait Islander peoples.

This work is guided by our Aboriginal Cultural Safety Plan, Reflect Reconciliation Action Plan, Aboriginal Employment Plan, and our partnership with Barwon Health to support Aboriginal health leadership.

Aboriginal Cultural Safety Plan

All Victorian health services receiving Aboriginal Cultural Safety funding are required to submit an annual Cultural Safety Plan. The plan outlines actions across the eight prescribed domains and supports health services to strengthen cultural safety through practical, measurable and organisation-wide initiatives.

Colac Area Health's 2025-2026 Cultural Safety Plan includes a strong focus on community engagement, workforce development, culturally safe environments, staff education, governance, data and reporting.

Key actions include:

- Community engagement: Developing new partnerships and strengthening existing relationships with Aboriginal communities, Traditional Owners, Aboriginal Community Controlled Organisations and other key stakeholders.
- Aboriginal Employment Plan: Developing a three-year plan to increase Aboriginal employment across Colac Area Health. This will include strategies to support Aboriginal job seekers and students, and to build relationships with education providers, employment agencies and members of the Geelong Aboriginal Employment Collective.
- Cultural awareness and capability: Continuing Aboriginal Cultural Awareness training for staff, including education on respectful identification and the importance of 'Asking the Question'.
- Culturally safe environments: Reviewing physical and digital environments, including spaces, images, branding, communication materials, the website and intranet, to ensure they reflect respect, inclusion and cultural safety.
- Policy development: Supporting culturally safe employment and workplace practices, including development of policies such as Cultural and Ceremonial Leave.
- Procurement and supplier diversity: Exploring opportunities to increase engagement with Aboriginal-owned businesses and suppliers.
- Data and reporting: Strengthening reporting on Aboriginal and Torres Strait Islander patient access to support better planning, monitoring and service improvement.

The 2026–2027 Cultural Safety Plan will build on this work by expanding existing initiatives and introducing further aspirational goals and opportunities. This will support Colac Area Health's ongoing commitment to delivering culturally safe, respectful and inclusive healthcare for Aboriginal and Torres Strait Islander peoples.

Reflect Reconciliation Action Plan

Colac Area Health's Reflect Reconciliation Action Plan has provided an important foundation for strengthening relationships, building cultural capability and supporting meaningful reconciliation across the organisation.

Developed in partnership with local Aboriginal community members, consumers and key organisations, the plan has supported our work to embed Aboriginal ways of knowing, being and doing across our services. It has also reinforced the importance of education, respect, transparency and accountability in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

Key actions delivered through the Reflect Reconciliation Action Plan include:

- Partnerships: Maintaining and strengthening relationships with existing stakeholders, including Traditional Owners and Aboriginal Community Controlled Organisations.
- Aboriginal Healthcare Journey Booklet: Developing a booklet to support Aboriginal and Torres Strait Islander peoples, families and carers to navigate Colac Area Health services.
- Significant events: Supporting events and activities aligned with dates of significance, including the official launch of the Reconciliation Action Plan, the launch of the Aboriginal Healthcare Journey Booklet on Close the Gap Day, and participation in local events during NAIDOC Week and National Reconciliation Week.
- Culturally safe environments: Continuing work across the organisation to create welcoming spaces where Aboriginal and Torres Strait Islander peoples feel safe, respected and confident to access healthcare.

The Reflect Reconciliation Action Plan will conclude in 2026, with final reporting submitted to Reconciliation Australia. The priorities and achievements of the plan will continue through Colac Area Health's Aboriginal Cultural Safety Fixed Grant Plan, ensuring this important work remains embedded and continues to progress.

Partnership with Barwon Health

Colac Area Health has strengthened its Aboriginal cultural safety work through a partnership with Barwon Health, including the secondment of an Aboriginal Health Lead one day per week.

This leadership role supports Colac Area Health to progress key cultural safety priorities, provide advice and guidance to the Chief Executive and Executive team, and strengthen organisational capability.

Areas of focus include:

- Development and implementation of the Aboriginal Cultural Safety Plan.
- Review of cultural safety priorities in consultation.
- Review of the Aboriginal Employment Plan.
- Support for Aboriginal Cultural Awareness training, including 'Asking the Question'.
- Advice on culturally safe environments, communication, branding and digital platforms.
- Community engagement and liaison with Aboriginal individuals, communities and organisations.
- Policy development, including Cultural and Ceremonial Leave.
- Procurement and supplier diversity.
- Improved data collection and reporting relating to Aboriginal and Torres Strait Islander patient access.

This partnership provides important Aboriginal health leadership and expertise, supporting Colac Area Health to continue building a culturally safe organisation and strengthen outcomes for Aboriginal and Torres Strait Islander peoples across the communities we serve. It also demonstrates the Barwon Local Health Service Network in action.



Above: Amie Rose, Registered Nurse, and Jamie McInnes, Consumer

Together, these initiatives provide an important framework for embedding cultural safety across our organisation, strengthening relationships with Aboriginal communities and organisations, and supporting staff to deliver care that is culturally safe, responsive and respectful.

Workforce Data

Hospital labour category	Current Month FTE*		Average monthly FTE*	
	2025	2026	2025	2026
Nursing	162	185	158	173
Administration and Clerical	53	61	53	57
Medical Support	16	17	17	17
Hotel and Allied Services	52	55	55	55
Medical Officers	2	2	2	1
Hospital Medical Officers	1	1	1	1
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	42	47	41	44
Total	**328**	**368**	**327**	**348**

*The Full Time Equivalent (FTE) figures required in the table are those excluding overtime. These do not include contract staff (for example, agency nurses and fee-for-service visiting Medical Officers) who are not regarded as employees for this purpose. The data is consistent with that provided in the Minimum Employee Data Set.



Employment and Conduct Principles

Colac Area Health continues to embed the Public Sector Values and Employment Principles across its leadership, workforce practices and staff orientation programs. These principles reinforce our commitment to integrity, accountability, fairness and respect, and support a workplace culture where staff are valued and supported to perform at their best.

Public Sector Values and Employment Principles remain central to our recruitment and selection processes, ensuring employment decisions are based on merit, equity and transparency. As an Equal Opportunity Employer, Colac Area Health is committed to fair, inclusive and consistent workforce practices, including the accurate classification of employees in all workforce data collections.

During 2025-2026, we continued to invest in initiatives that strengthen workforce capability, culture and engagement. We launched 'Fit for the Future', a comprehensive People and Culture Strategy 2026-2028 reflecting Colac Area Health's commitment to building a diverse, inclusive and sustainable workforce. The strategy embeds principles of equity, wellbeing, workforce participation and inclusive leadership across all aspects of the employee lifecycle, supported by initiatives such as the Gender Equality Action Plan, flexible work practices, leadership development and data-informed workforce planning. Through this strategy, Colac Area Health aims to ensure all employees feel safe, respected, supported and empowered to achieve their full potential.

Colac Area Health also continued to progress actions from the *People Matters Action Plan*, with a focus on strengthening workplace culture, improving engagement and supporting a safe, respectful and inclusive environment. Organisational values were reinforced through values-based recognition, including the use of values cards to acknowledge and celebrate positive behaviours aligned with our values.

Recognition of staff contribution continued through the enhanced Service Award Program, which acknowledges the commitment, dedication and service of our workforce. Together, these initiatives reflect Colac Area Health's ongoing commitment to building a positive workplace culture and supporting a skilled, engaged and values-driven workforce.

Opposite: Dr Duminda Gunawardane, Clinical Lead – Surgical and Dr Andrew Fitzdowse, General Surgeon

Workforce Inclusion Policy

Colac Area Health is committed to fostering an inclusive and equitable workplace that values diversity and reflects the communities we serve.

In line with the *Gender Equality Act 2020*, Colac Area Health has:

- Successfully implemented and complied with its Gender Equality Action Plan (GEAP) 2022-2025, delivering initiatives to support equitable employment practices, leadership opportunities, workplace flexibility, and a safe and respectful workplace culture.
- A comprehensive Gender Equality Audit was completed in 2025-2026 to assess workforce data, policies, practices and employee experiences.
- The findings from this audit are informing the development of a new Gender Equality Action Plan, which will establish priorities and actions to further strengthen gender equity, address barriers to participation and progression, and ensure ongoing compliance with legislative requirements.
- Through these initiatives, Colac Area Health continues to promote an inclusive workplace where all employees have equitable access to opportunities, support and career development.

The GEAP outlines both immediate and longer-term initiatives designed to advance gender equality across our workforce and strengthen our commitment to diversity and inclusion.

Occupational Health and Safety

Colac Area Health remains committed to providing a safe, healthy and supportive workplace for all staff, volunteers, contractors and visitors, in accordance with the Occupational Health and Safety Act 2004.

During 2025-2026, we continued to strengthen our occupational health and safety systems, with a focus on preventing workplace harm, improving incident reporting and supporting a proactive safety culture. Key areas of focus included occupational violence and aggression, manual handling, fatigue management, psychological safety and staff wellbeing.

We recognise that a safe workplace is essential to delivering safe, high-quality care. Colac Area Health continues to support staff through education, risk management processes, wellbeing initiatives and ongoing review of workplace practices. These efforts aim to minimise harm, promote early identification of risks and foster a culture where safety is everyone's responsibility.

Supporting the health and wellbeing of our workforce remains a priority. Through continued investment in safe systems of work, staff engagement and wellbeing supports, Colac Area Health is committed to creating an environment where our people feel safe, respected and supported to provide care to the community.

Occupational Health and Safety Data

Occupational Health and Safety Statistics	2025-2026	2024-2025	2023-2024
The number of reported hazards/ incidents for the year per 100 FTE	75.29	82.32	55.42
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.57	1.52	3.81
The average cost per WorkCover claim for the year ('000)	$10.83	$11.19	$134.89



Olivia Tringali, Workforce Training and Development Coordinator and Thalia Coates, Student – Deakin University

Key Initiatives:

Manual Handling Equipment Upgraded Across the Organisation

Ageing lifting/standing machines were replaced with Aspire equipment that is lighter, easier to use and retrieve, and includes walk-assist capability. Purchase of new Aspire slings following a full sling audit by ActiveTek.

Bed Replacement Program Progressed

New HR900 beds installed in the Short Stay Unit and Maternity, with eight additional Accella beds and five integrated therapy surface mattresses for Acute finalising the Acute bed replacement program.

Pressure Care and Slide Sheet Improvements

New Procair air mattresses trialled and purchased for Corangamarah Aged Care and Acute, reducing manual handling risk and improving consumer comfort. Purchase of new Novis slide sheets to reduce manual handling risk.

No Lift Train the Trainer Program Refreshed

Two new trainers signed off for Acute/Urgent Care and eight existing trainers completed refresher training.

Occupational Violence and Aggression (OVA) Training Strengthened

Refreshed 'Train the Trainer Day' delivered by Resolution Education for four of our OVA trainers, with the Prevention and Management of OVA procedure significantly updated.

Security Risk Assessment Recommendations Largely Implemented

Access controls and remote lockdown installed for Urgent Care and perimeter doors, an after-hours perimeter/lighting review completed, and additional CCTV installed at Community Nursing and fleet parking.

Consumer-Facing Safety Initiatives Introduced

A live wait times board installed in Urgent Care, an evidence-based strategy to reduce OVA risk. Installed one-way window tinting, and a safe operating procedure for mechanical restraints in Urgent Care.

New 'ConnectCAH' Intranet Launched

Providing a consolidated WHS 'one-stop shop' covering safety data, training, OVA, psychosocial hazards and ergonomics resources.

Psychological Health Regulations (Effective 1 December 2025) Implemented

A new guideline was issued and education to senior leaders delivered. Multiple reporting channels were established through Riskman, Microsoft Forms and the 'Call it Out' platform for psychosocial hazards.

Workplace Environment Assessments Conducted

External occupational hygienist engaged for noise, lighting and acoustic assessments. Job task analyses completed for environmental services, nursing and food services roles to support injury management and return-to-work.

Occupational Violence

Occupational Violence Statistics

Occupational Violence statistics	2025-2026
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	117
Number of occupational violence incidents reported per 100 FTE	33.62
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.56%

Definitions of Occupational Violence

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

Incident: An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity ratings 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 the financial year 2025-2026. Injury, Illness or Condition: This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim

Opposite: Andrew Allport – Building Services Department


STAFF
STAFF
STAFF
STAFF
CC 3-19



Financial Overview

Colac Area Health delivered a net operating surplus of $833k for the 2025-2026 financial year. This result was against a breakeven budget and favourable to the $790k operating result in the 2024-2025 financial year.

This strong financial position reflects the disciplined fiscal management demonstrated across all areas of the organisation. Strategic planning undertaken in previous financial years to improve financial efficiency has come to fruition, alongside implementation of the Financial Management Improvement Plan.

During the financial year, Colac Area Health worked collaboratively with other health services in the region following the commencement of the Local Health Service Network on 1 July 2025. This has seen increased sharing of resources and planning with our fellow network of Health Services.

We would also like to express our heartfelt gratitude to all individuals and organisations who supported the Colac Area Health through various donations, fundraising and bequests. With the support of the local Colac area community, our health service continues to provide comfort and care to consumers accessing our services.

Investment in capital planning and maintenance continued throughout the year, with significant work completed to ensure our infrastructure remains safe and compliant. Minor maintenance and refurbishment works were carried out across the organisation, alongside several minor capital and equipment upgrades. Steady progress was made on the Regional Workers Accommodation Project, with work commencing in earnest during the year and practical completion expected in October 2026.

Colac Area Health was successful in securing grant funding to expand and redevelop the Alcohol and Other Drug consulting rooms and enhance telehealth capability, further strengthening access to these important services for our community.

Overall, cash holdings increased by $11 million for the year with total cash on hand amounting to $36.5 million at 30 June 2026 compared to $25.4 million at the end of the previous year.

Total cash available for health service operations at the end of the financial year was $5.7 million (excluding restricted cash and tied funds) compared to $8.4 million in the previous year. Days available cash was 28 as at 30 June 2026.

Colac Area Health has delivered a strong balance sheet with solvency and liquidity ratios in excess of health target levels. The adjusted current asset ratio at 30 June 2026 was 1.28, compared to the statewide target of .70. Trade creditor days show an improvement from last financial year at 60 days, down from 73 days at 30 June 2025. When adjusting for accruals, the adjusted trade creditor days are at 27.9 days and well within targeted levels of 60 days.

Building on previous advancements and a steadfast commitment to continuous improvement, Colac Area Health is strongly positioned to deliver safe, financially sustainable, and high-quality care to the community we serve.

Opposite: Kira Winnell, General Services Assistant – Corangamarah

Financial Overview

	2026	2025	2024	2023	2022
	$000	$000	$000	$000	$000
Operating Result*	833	790	152	146	221
Total Revenue	93,589	70,058	68,307	64,142	61,343
Total Expenses	(83,100)	(73,496)	(65,321)	(63,841)	(60,710)
Net result from transactions	10,489	(3,438)	2,986	301	633
Total other economic flows	(92)	(447)	32	(28)	(26)
Net result	10,397	(3,885)	3,018	273	607
Total assets	103,629	93,607	93,876	77,816	69,192
Total liabilities	33,157	33,531	30,784	33,589	29,336
Net assets / Total equity	**70,472**	**60,076**	**63,092**	**44,227**	**39,856**

* The Operating result is the result for which Colac Area Health is monitored in the Statement of Priorities.

Reconciliations Between the Net Result From Transactions to the Statement of Priorities Operating Result.

Below is a summary of the financial results and is consistent with the audited financial statements.

	2025-2026
	$000
Operating Result	833
Capital purpose income	9,092
Specific income	513
Assets received free of charge	6,381
Expenditure for capital purpose	(546)
Depreciation and amortisation	(5,784)
Net result from transactions	**10,489**

Consultancies Information

Details of Consultancies under $10,000

In 2025-2026, there were two consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-2026 in relation to these consultancies is $5,900 (excl. GST).

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

In 2025-2026 there were three consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2025-2026 in relation to these consultancies is $72,375 (excl. GST). Details of these consultancies are available upon request and are subject to the Freedom of Information Act 1982.

The following table details consultancies over $10,000.

Consultancies over $10,000

Consultant	Purpose of Consultancy	Total Approved Project Fee (Excl GST)	Expenditure 2025-2026 (Excl GST)	Future Expenditure (Excl GST)
Grant Solutions Pty Ltd	Fire Services Upgrade	10,000	10,000	0
Grant Solutions Pty Ltd	Workers Accommodation Project	50,000	50,000	0
Loss Prevention Group of Australia	Security Risk Assessment	12,375	12,375	0

Government Advertising Campaign

There was no government advertising expenditure.



Jessica McCarthy, Advanced Developmental Paediatric Practitioner

Information and Communication Technology (ICT) Expenditure

The total ICT expenditure incurred during 2025-2026 is $4.8 million (excluding GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and capital expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$3.5m	$1.3m	$1.3m	$0

Asset Management Accountability Framework

Colac Area Health continues to assess its asset management maturity in accordance with the Asset Management Accountability Framework (AMAF) and Standing Direction 4.2.3 - Asset Management Accountability.

The AMAF is a devolved accountability model that supports sound asset management practice and compliance with mandatory requirements. It provides a consistent framework for assessing asset management capability across key areas including leadership and accountability, planning, acquisition, operation, maintenance and disposal.

For the 2025-2026 reporting period, Colac Area Health's overall maturity rating remains between 'Developing' and 'Competence', with no material compliance deficiencies identified. Our targeted maturity state continues to be 'Competence' across all AMAF requirements.

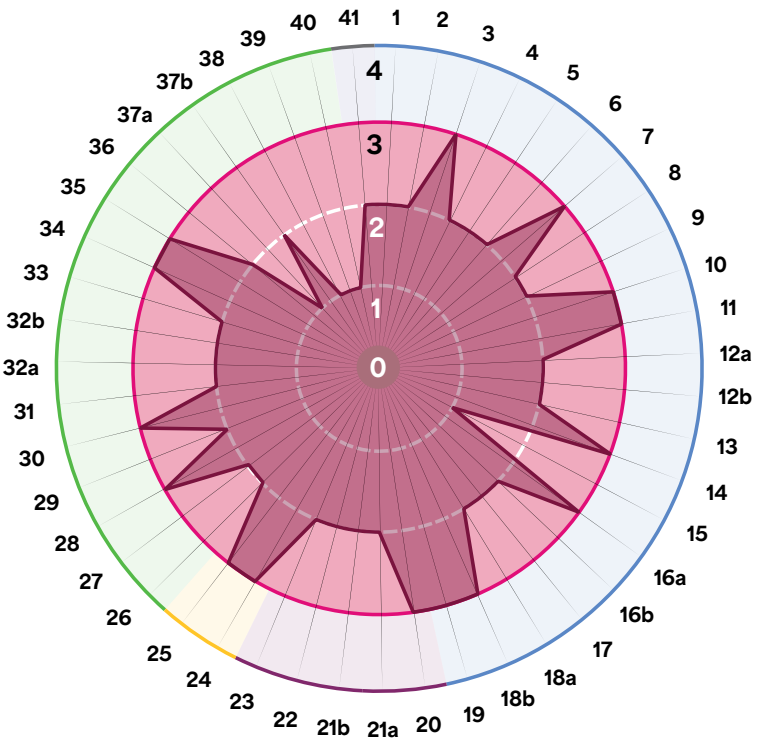
Colac Area Health maintains systems and processes that support full alignment with AMAF expectations, with ongoing improvements in documentation quality, governance oversight, performance monitoring and the continuous improvement across the asset lifecycle.

The AMAF Maturity Pie Chart summarises Colac Area Health's assessment against each of the 41 AMAF requirements. Each requirement is rated using the AMAF maturity scale.

In the chart, the target maturity level for each requirement is set at Competence, reinforcing Colac Area Health's commitment to achieving the expected standard across all areas of asset management. The assessment results provide a clear view of current capability and inform future improvement priorities.

In accordance with Standing Direction 4.2.3 – Asset Management Accountability, Colac Area Health reported no material compliance deficiency for the 2025-2026 reporting period.

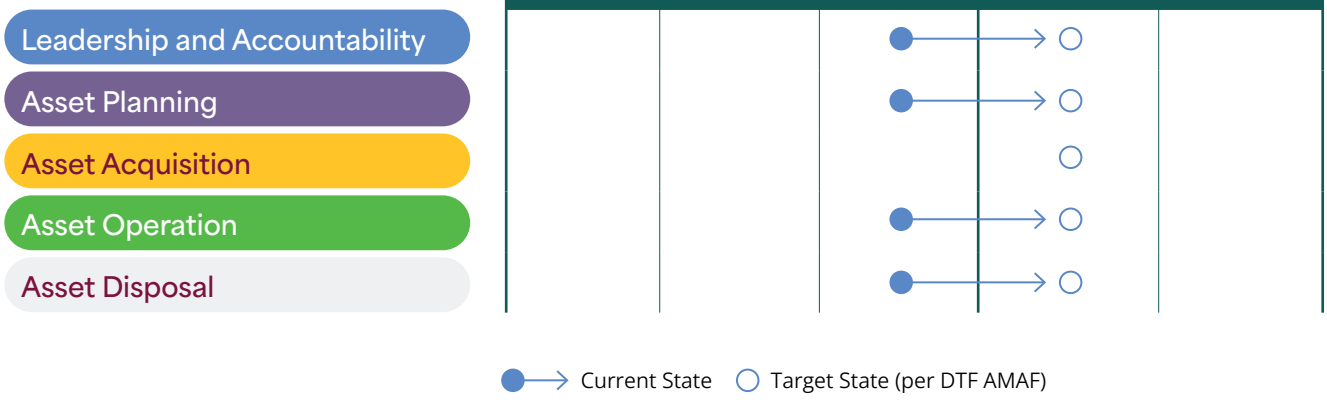
AMAF Maturity Pie Chart



AMAF maturity scale

Status	Scale	Compliance
Not Applicable	N/A	Not Applicable
Innocence	0	Partial/Non comply
Awareness	1	Partial/Non comply
Developing	2	Partial/Non comply
Competence	3	Compliant
Optimising	4	Compliant
Unassessed	U/A	Unassessed

Target Overall



Disclosures Required Under Legislation

Freedom of Information Act 1982

The Freedom of Information Act 1982 (Vic) provides a legally enforceable right of public access to information held by government agencies. All applications made to Colac Area Health under the Freedom of Information Act 1982 were processed in accordance with that Act.

Freedom of Information (FOI) requests can be made by contacting the FOI Officer on 03 5232 5253 to request a form to be emailed or mailed out.

The application fee of $34.50 is waived for applicants who demonstrate impecuniousness, hardship or hold a pension/health care card. The total production cost varies according to the number and types of documents required and method of production.

During 2025-2026, Colac Area Health received 52 applications. All requests were from the general public; there were no requests from Members of Parliament or the media. Colac Area Health made 52 FOI decisions during the 12 months ended 30 June 2026.

There were 52 decisions made within the statutory time periods. No decisions were made outside this time.

A total of 47 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full; two had no documents, one was released outside the FOI Act and two were withdrawn. Of requests finalised, the average number of days under the statutory time (including extended timeframes) to decide the request was eight days.

During 2025-2026, no requests were subject to complaint/internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

Colac Area Health fully complies with the building and maintenance provisions and regulations of the Building Act 1993 and the relevant provisions of the National Construction Code.

Actions that ensure that Colac Area Health complies include:

- The use of qualified engineers, registered building consultants, building surveyors, architects and qualified trade personnel.
- All works and testing are verified during and at completion using a Certificate of Occupancy for new works and supplier sign off for all essential safety measure testing.
- Colac Area Health undergoes regular internal and external audits regarding fire, risk assessments and safety compliance to ensure ongoing adherence to the Building and Safety codes.

There were no reportable matters during the reporting period in relation to major building works projects, building permits, occupancy permits, certificates of final inspection, emergency orders, building orders, or buildings brought into conformity with building standards for properties owned by Colac Area Health

Public Interest Disclosure Act 2012

Under the Public Interest Disclosures Act 2012 Colac Area Health cannot accept protected disclosures. Colac Area Health has a written procedure informing staff of this and providing contact details for Independent Broad-based Anti-Corruption Commission (IBAC). This procedure is available to staff via the Intranet, community can request this procedure by emailing cahinfo@cah.vic.gov.au

No protected disclosures were made directly to Colac Area Health under the Act in 2025-2026.

National Competition Policy

As a public entity, Colac Area Health is obliged to compete fairly and equitably in its business processes. Colac Area Health is committed to transparent behaviour in this regard and complies with government policies regarding competitive neutrality with regard to all significant business activities.

Local Jobs First Act 2003

Colac Area Health continues to demonstrate a strong commitment to the objectives of the Local Jobs First Act 2003. Local content outcomes consistently met or exceeded project commitments.

Although none of the projects met the requirements for the Major Project Skills Guarantee, Colac have still committed to over 1,400 hours.

The organisation continues to engage with a broad range of suppliers, Small and Medium-sized Enterprises to support regional economic growth and enhancing local supply chains.

- Historically strong local content outcomes with projects delivering between 82 per cent and 95 per cent, exceeding committed targets.
- Over 74 local suppliers were engaged across completed projects, supporting both local business participation and wider regional economic activity.

Disclosure of Review and Study Expenses

Colac Area Health has no review or study expenses to report for the 2025-2026 financial year.

Safe Patient Care Act 2015

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

Carers Recognition Act 2012

Colac Area 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 (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations).
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein).
- 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, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care).
- Implementing priority actions in recognising and supporting Victoria's carers: Victorian carer strategy 2012-2022.

Right: Tania Matthews, General Services Assistant

Emergency Procurement

There were no Emergency Procurements activated by Colac Area Health during the 2025/2026 financial year.

Procurement Complaints

No material procurement complaints or external complaints relating to procurement processes were received or managed by Colac Area Health during the 2025/2026 financial year.

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 Colac Area Health 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.

(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.

(l) Details of all consultancies and contractors including:

  i. Consultants/ contractors engaged.

  ii. Services provided.

  iii. Expenditure committed to for each engagement.

This information is available on receipt of a request in writing from:

Office of the Chief Executive

Colac Area Health
2-28 Connor Street
Colac Vic 3250



Attestations and Declarations

Data Integrity Declaration

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



Fiona Brew
Chief Executive,
Colac Area Health
28 September 2026

Integrity, Fraud and Corruption Declaration

I, Fiona Brew, certify that Colac Area Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Colac Area Health during the year. No reportable fraud was identified in the 2025-2026 financial year.



Fiona Brew
Chief Executive,
Colac Area Health
28 September 2026

Compliance with HealthShare Victoria (HSV) Purchasing Policies Declaration

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



Fiona Brew
Chief Executive,
Colac Area Health
28 September 2026

Financial Management Compliance

I, Georgina Hayden, on behalf of the Responsible Body, certify that Colac Area Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.



Dr Georgina Hayden
Board Chair, Colac Area Health
28 September 2026

Conflict of Interest Declaration

I, Fiona Brew, certify that Colac Area 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 Colac Area 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.



Fiona Brew
Chief Executive,
Colac Area Health
28 September 2026

Social Procurement Reporting

Colac Area Health supports the Social Procurement Framework introduced in 2024-2025.

Objectives supported include:

- Opportunities for Victorian Aboriginal People.
- Opportunities for Victorians with disability.
- Opportunities for Victorian priority job seekers.
- Sustainable Victorian social enterprise and Aboriginal business sectors.

SPF Objective	SPF Outcome	2025-2026 SPF Reporting Metrics	Value
Opportunities for Victorian Aboriginal People	Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged	2
		Total expenditure with Victorian Aboriginal businesses (excl. GST)	$181
Opportunities for Victorians with disability	Purchasing from relevant Victorian social enterprises and Australian Disability Enterprises	Number of Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises engaged	1
		Total expenditure with Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises (excl. GST)	$2,291
Opportunities for Victorian priority jobseekers	Purchasing from relevant Victorian social enterprises	Number of Victorian social enterprises (led by a mission for job readiness and employment of Victorian priority jobseekers) engaged	1
		Total expenditure with Victorian social enterprises (led by a mission for job readiness and employment of Victorian priority jobseekers, excl. GST)	$1,936
Sustainable Victorian social enterprises and Aboriginal	Purchasing from relevant Victorian social enterprises and Aboriginal businesses	Number of Victorian social enterprises engaged	1
		Total expenditure with Victorian social enterprises (excl. GST)	$1,936
		Number of Victorian Aboriginal businesses engaged	2
		Total expenditure with Victorian Aboriginal businesses (excl. GST)	$181

Grants and Transfer Payments (other than Contributions by Owners)

Colac Area Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-2026.

Environmental Performance

Colac Area Health continued to strengthen its commitment to environmental sustainability in 2025-2026, actively working to reduce our environmental impact and engaging staff in meaningful sustainability initiatives. This environmental report covers activities undertaken across the main Colac campus, Birregurra Community Health Centre, Student Accommodation, and Colac Neighbourhood House.

Key Achievements in 2025-2026

Reduction in Total Greenhouse Gas Emissions

Colac Area Health achieved an 8 per cent reduction in gross greenhouse gas emissions; this improvement reflects continued progress in energy efficiency, reduced fuel consumption, and better waste management practices.

Saving equivalent of removing 60 petrol cars off the road for a year.

Growth in Onsite Solar Production

Onsite solar generation increased to 312.6MWh, a 3.4 per cent increase from the previous year. This growth shows the continued investment in renewable energy infrastructure, with the addition of a total of 24kW of new generation solar panels on our student accommodation block. The solar system now provides a significant share of the total electricity consumption at Colac Area Health.

Saving equivalent of powering 55 homes for the year.

Water Consumption

Potable water usage further decreased by 46 per cent. This substantial reduction reflects continued improvement in water management, leak detection, and operational efficiencies.

Saving equivalent to 140,000 showers (five minutes).

Reduce, Reuse, Recycle

Colac Area Health has made significant savings in its waste management performance. The organisation has increased its recycling rate from 13.3 per cent to 21.8 per cent with improved recycling of cardboard, e-waste, organics, and other recyclable materials. This simultaneously means that waste to landfill has reduced by 77 per cent, decreasing from 2,020kg to 450kg. The achievement in this area shows a change in culture, through staff engagement and our enthusiastic 'Green Champions' group, and new recycling initiatives like Ecobatt.

Saving equivalent of recycling the weight of six family cars.

Fleet Management

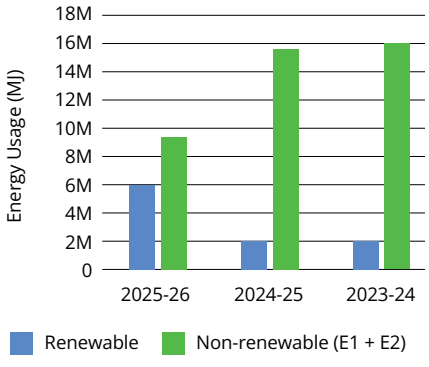
Colac Area Health now has 17 Hybrid vehicles accounting for 55 per cent of its fleet. This initiative, which prioritises the purchase of low-emission and green vehicles, has resulted in a reduction in fleet emissions from 80.6 Co2 (t) to 61.2 Co2 (t). Transport remains a key area of ongoing emissions reduction opportunity.

Saving equivalent of four trips around Australia in a petrol vehicle.

Total Energy Use

Colac Area Health now utilises 62 per cent of its total energy usage from renewable sources. A significant increase from 14 per cent in the previous year.

Saving equivalent of 700 flights between Melbourne to Sydney.



Opposite: Corangamarah - Residential Aged Care


CORANGAMARAH
Residential Aged Care
Reception
COLAC
63-69 Coran
CORANG
Residential
Rec

Greenhouse Gas Emissions

	2025–2026	2024–2025	2023–2024	% change previous to selected range
G1 Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))				
Carbon Dioxide	451.77	566.75	599.58	-20.29%
Methane	0.78	0.97	1.04	-19.94%
Nitrous Oxide	0.44	0.55	0.56	-19.86%
Total	**452.99**	**568.27**	**601.18**	**-20.29%**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	391.78	487.69	519.02	-19.67%
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	61.21	80.58	82.16	-24.04%
Medical/Refrigerant gases				
Nitrous oxide	0.48	0.00	74.66	
Refrigerant - R134A (HFC-134A)	34.33	103.37		-66.79%
Refrigerant - R22 (HCFC-22)		5.96	18.01	
Refrigerant - R404A (HFC-404A)	40.66			
Refrigerant - R410A (HFC-410A)	40.66	12.24	1.16	524.61%
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	**604.89**	**689.84**	**695.01**	**-12.31%**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))*				
Electricity	1,064.87	1,113.24	1,094.03	-4.34%
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	**1,064.87**	**1,113.24**	**1,094.03**	**-4.34%**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))				
Commercial air travel	1.74	0.27		537.90%
Waste emissions (WR5)	142.63	156.22	153.23	-8.70%
Indirect emissions from Stationary Energy	177.39	187.55	178.37	-5.42%
Indirect emissions from Transport Energy	17.31	20.77	20.90	-16.65%
Water emissions	12.11	25.48	25.61	-52.47%
Any other Scope 3 emissions	0.00	0.00	0.00	
Total Scope 3 greenhouse gas emissions (CO2-e(t))	**351.19**	**390.29**	**378.10**	**-10.02%**
G(Opt) Net greenhouse gas emissions (CO2-e(t))				
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	**2,020.96**	**2,193.37**	**2,167.14**	**-7.86%**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	**0.06**	**0.07**	**0.07**	**-14.28%**
Carbon Neutral Electricity	0.00	0.00	0.00	
Green Power Electricity	0.00	0.00	0.00	
Purchased LGCs	-949.88	0.00	0.00	
Any Reduction Measures Offsets purchased (EL4-related)	**-949.88**	**0.00**	**0.00**	
Any Offsets purchased	**-949.88**			
Net greenhouse gas emissions (CO2-e(t))	**1,071.08**	**2,193.37**	**2,167.14**	**-51.17%**

*The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.

Electricity Use

	2025–2026	2024–2025	2023–2024	% change previous to selected range
EL1 Total electricity consumption segmented by source (MWh)				
Purchased	1,602.76	1,691.14	1,644.44	-5.23%
Self-generated	309.50	300.71	277.02	2.93%
EL1 Total electricity consumption (MWh)	**1,912.26**	**1,991.85**	**1,921.46**	**-4.00%**
EL2 On site-electricity generated (MWh) segmented by:				
Consumption behind-the-meter				
Solar Electricity	309.50	300.71	277.02	2.93%
Total Consumption behind-the-meter (MWh)	**309.50**	**300.71**	**277.02**	**2.93%**
Exports				
Solar Electricity	3.11	1.51	1.96	106.35%
Total Electricity exported (MWh)	**3.11**	**1.51**	**1.96**	**106.35%**
EL2 Total On site-electricity generated (MWh)	**312.61**	**302.22**	**278.98**	**3.44%**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:				
Diesel Generator	0.71	0.71	0.71	0.00%
Solar System	0.27	0.27	0.27	0.00%
EL3 Total On-site installed generation capacity (MW)	**0.98**	**0.98**	**0.98**	**0.00%**
EL4 Total electricity offsets segmented by offset type (MWh)				
LGCs voluntarily retired on the entity's behalf	1,032.47			
RPP (Renewable Power Percentage in the grid)	287.05	313.37	308.84	-8.40%
EL4 Total electricity offsets (MWh)	**1,319.52**	**313.37**	**308.84**	**321.08%**

Stationary Energy

	2025–2026	2024–2025	2023–2024	% change previous to selected range
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)				
Natural gas	7,364,144.60	9,260,325.10	9,963,030.50	-20.48%
LPG	55,347.80	67,208.00	92,807.70	-17.65%
Diesel	127,534.50	91,655.40		39.15%
F1 Total fuels used in buildings (MJ)	**7,547,026.90**	**9,419,188.50**	**10,055,838.20**	**-19.88%**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))				
Natural gas	379.47	477.18	513.39	-20.48%
LPG	3.35	4.07	5.62	-17.65%
Diesel	8.95	6.43		39.15%
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	**391.77**	**487.68**	**519.01**	**-19.67%**

Transportation Energy

	2025–2026	2024–2025	2023–2024	% change previous to selected range
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)				
Non-executive fleet - Gasoline	905,171.40	1,191,630.60	1,214,989.20	-24.04%
Petrol	905,171.40	1,191,630.60	1,214,989.20	-24.04%
Executive fleet - E10			0.00	
Non-executive fleet - E10			0.00	
Petrol (E10)			0.00	
Non-executive fleet - Diesel	0.00	0.00		
Diesel	0.00	0.00		
Total energy used in transportation (vehicle fleet) (MJ)	**905,171.40**	**1,191,630.60**	**1,214,989.20**	**-24.04%**
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category				
Not reported by Eden Suite				
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))				
Non-executive fleet - Gasoline	61.21	80.58	82.16	-24.04%
Petrol	61.21	80.58	82.16	-24.04%
Executive fleet - E10			0.00	
Non-executive fleet - E10			0.00	
Petrol (E10)			0.00	
Non-executive fleet - Diesel	0.00	0.00		
Diesel	0.00	0.00		
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	**61.21**	**80.58**	**82.16**	**-24.04%**
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)				
Total distance travelled by commercial air travel	9,304.00	1,308.00		611.31%
T(opt1) Total vehicle travel associated with entity operations (1,000 km)				
Total vehicle travel associated with entity operations (1,000 km)				
T(opt2) Greenhouse gas emissions from vehicle fleet (CO2-e(t) per 1,000 km)				
CO2-e(t) per 1,000 km				

Total Energy Use

	2025–2026	2024–2025	2023–2024	% change previous to selected range
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)				
Total energy usage from stationary fuels (F1) (MJ)	7,547,026.90	9,419,188.50	10,055,838.20	-19.88%
Total energy usage from transport (T1) (MJ)	905,171.40	1,191,630.60	1,214,989.20	-24.04%
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**8,452,198.30**	**10,610,819.10**	**11,270,827.40**	**-20.34%**
E2 Total energy usage from electricity (MJ)				
Total energy usage from electricity (MJ)	**6,884,152.05**	**7,170,657.11**	**6,917,264.28**	**-4.00%**
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)				
Renewable	5,864,513.36	2,210,659.63	2,109,090.90	165.28%
Non-renewable (E1 + E2 - E3 Renewable)	9,471,836.99	15,570,816.58	16,079,000.78	-39.17%
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser				
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	754.69	919.05	923.61	-17.88%
Energy per unit of LOS (MJ/LOS)	1,000.36	1,260.72	1,253.83	-20.65%
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	430.17	531.56	531.84	-19.07%
Energy per unit of Separations (MJ/Separations)	1,844.24	2,221.46	2,454.53	-16.98%
Energy per unit of floor space (MJ/m2)	988.50	1,103.19	1,128.68	-10.40%

Sustainable Buildings and Infrastructure

B1 - B4 are not applicable to CAH in the years detailed.

B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted

The NABERS (National Australian Built Environment Rating System) energy and water efficiency ratings were not completed for this current reporting period. This is because, from 1 January 2026, the Department of Health advised they no longer require annual NABERS assessments for health services.

Sustainable Procurement

Colac Area Health is currently progressing with a major sustainability improvement as we explore the installation of a new electrical transformer that will enable full site electrification. This upgrade would not only allow for replacement of end-of-life gas appliances, but also increase the capacity required for future renewable technologies including vehicle charging infrastructure.

Colac will also continue with its phased replacement of fleet assets with new low emission and green rated vehicles, further embedding decarbonisation objectives into the long-term asset lifecycle process.

Water Use

	2025–2026	2024–2025	2023–2024	% change previous to selected range
W1 Total units of metered water consumed by water source (kL)				
Potable water (kL)	8,370.00	15,452.00	15,232.00	-45.83%
Total units of water consumed (kL)	**8,370.00**	**15,452.00**	**15,232.00**	**-45.83%**
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)	0.44	0.86	0.83	-48.87%
Water per unit of LOS (kL/LOS)	0.58	1.17	1.13	-50.59%
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.25	0.50	0.48	-49.61%
Water per unit of Separations (kL/Separations)	1.07	2.07	2.20	-48.30%
Water per unit of floor space (kL/m2)	0.57	1.03	1.01	-44.20%

Waste and Recycling

	2025–2026		2024–2025		2023–2024		% change previous to selected range	
WR1 Total units of waste disposed of by waste stream and disposal method (kg and %)								
	kg	%	kg	%	kg	%		
Landfill (total)								
General waste - bins	449.63	72.36%	2,020.45	80.65%	1,408.34	78.28%	-77.75%	-10.28%
General waste - skips	102,211.95		110,403.00					
Offsite treatment				1.63%		2.31%		
Clinical waste - incinerated	3,880.83	2.74%	2,273.94	0.87%	3,080.89	0.93%	70.67%	67.68%
Clinical waste - sharps	1,276.54	0.90%	1,210.41	3.59%	1,243.72	7.52%	5.46%	3.62%
Clinical waste - treated	3,156.37	2.22%	4,998.90		10,034.66		-36.86%	-37.96%
Recycling/recovery (disposal)				0.01%				
Batteries	52.71	0.04%	14.72	2.27%		2.01%	258.02%	251.76%
Cardboard	14,969.90	10.55%	3,168.00	6.16%	2,686.86	6.30%	372.53%	364.27%
Commingled	8,580.00	6.05%	8,580.00	0.10%	8,415.00	0.13%	0.00%	-1.75%
E-waste	253.87	0.18%	132.48	1.02%	177.64		91.63%	88.28%
Grease traps	2,285.61	1.61%	1,425.31	0.01%			60.36%	57.55%
Mattresses			15.00	0.01%				
Metals	7.78	0.01%	16.00	1.51%		0.49%	-51.35%	-52.20%
Organics (garden)	1,265.08	0.89%	2,103.92		655.82		-39.87%	-40.92%
Other recycling	132.78	0.09%		1.30%		1.40%		
Paper (confidential)	2,128.76	1.50%	1,807.74	0.20%	1,873.10	0.15%	17.76%	15.70%
PVC	240.94	0.17%	282.00	0.68%	194.00	0.48%	-14.56%	-16.06%
Sterilization wraps	988.43	0.70%	946.62	0.74%	637.37	0.02%	4.42%	2.59%
Total units of waste disposed	**141,881.18**		**139,398.49**		**133,502.39**		**1.78%**	

Waste and Recycling (continued)

	2025–2026	2024–2025	2023–2024	% change previous to selected range
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	2.91	2.69	-14.63%
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.20	0.22	0.37	-8.38%
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.75	0.48	0.38	56.25%
WR4 Recycling rate (%)				
Weight of recyclable and organic materials (kg)	30,905.88	18,491.79	14,639.79	67.13%
Weight of total waste (kg)	141,881.20	139,398.49	133,502.39	1.78%
Recycling rate (%)	**21.78%**	**13.27%**	**10.97%**	**64.21%**
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))				
CO2-e(t)	142.63	156.22	153.23	-8.70%

Normalisation Factors

	2025–2026	2024–2025	2023–2024	% change previous to selected range
1000km (Corporate)				
1000km (Non-emergency)				
Aged Care OBD	19,122.00	18,051.00	18,377.00	5.93%
ED Departures	0.00	0.00	0.00	
FTE		334.00	324.00	
LOS	14,426.00	13,159.00	13,537.00	9.63%
OBD	33,548.00	31,210.00	31,914.00	7.49%
PPT	41,373.00	38,678.00	38,829.00	6.97%
Separations	7,825.00	7,468.00	6,915.00	4.78%
TotalAreaM2	**14,599.00**	**15,038.00**	**15,038.00**	**-2.92%**

Important note regarding reporting period: for this report we will be reporting on a slightly earlier period, linking to the fringe benefit tax (FBT) year as opposed to the financial year, therefore we will be reporting on 1 April 2025 to 31 March 2026. The comparison years outlined in the report have therefore been amended to align with this new reporting period. This change in reporting period is due to significant delays in data being received from suppliers, which affects the annual reporting timeline. This earlier reporting period should accommodate for this issue and streamline reporting moving forward.

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



Statement of Priorities Part A

The Statement of Priorities are aligned with the Department of Health Strategic Plan 2023-2027.

Colac Area Health has contributed to the Strategic Plan by agreeing to the following priorities.

Strategic Goal

Innovate and Improve Access and Care

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

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
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.	• Consumer voice progressively embedded across governance and service planning including Quality Improvement Plan and Consumer Advisor recruitment. Established specialised focus groups for Maternity services, Reconciliation Action Plan and Aged Care. • Strengthened Consumer and Community Engagement Framework, formalising the commitment to co-designing care with consumers. • Feedback mechanisms embedded leading to consumer driven change. Initiatives include maternity model of care, accessibility, redesign and review of consumer information modalities.	Achieved
	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.	• Speaking Up for Safety training rolled out organisation-wide, moving from initial targeted sessions to a train-the-trainer model for long-term sustainability. • Focus on paediatric/carer escalation through the enhanced Victorian Children's Tool for Observation and Response (ViCTOR) and 'Kids Urgent Concern Helpline' to hear child and/or family voice. • Safety culture integrated operationally - Speaking Up for Safety now a standing item at Morbidity and Mortality meetings with updated consumer feedback response-timeframe communications.	Achieved

Opposite: Maria Cirillo – 'Keeping Active'
Miller House

Innovate and Improve Access and Care (continued)

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care (continued).	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	• Comprehensive training program implemented via the Training and Development Plan, manager onboarding, mandatory training reporting and ongoing education calendar. • New leadership and performance pathways developed - 'Lead Well @ CAH' 12-module program and Aged Care Responsible Persons induction and training. • Education models enhanced across specialised streams in response to increased service demand and complexity.	Achieved
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.	• Length of Stay and discharge (LOS) planning strengthened through LOS monitoring, Criteria Led Discharge, early Estimated Discharge Date (EDD) identification and weekly scheduling meetings incorporating Hospital in the Home (HITH). • Access improved via dedicated Allied Health resourcing in Urgent Care and a direct-admit pathway established with Barwon Health. • Aged care bed capacity operationalised to support growing demand.	Achieved
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.	• Theatre optimisation progressed through Patient Support Unit, the Clinical Liaison Nurse model, high intensity theatre lists, Elective Surgery Information System (ESIS) dashboard and dedicated multi-year theatre optimisation project. • Surgical workforce capacity strengthened through appointment of senior medical leads. • Surgical pathways under development for selected procedures to enhance patient experience and reduce Length of Stay (LOS).	Achieved
	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).	• Waitlist management matured through the Elective Surgery Information System (ESIS dashboard), six-monthly validation audits and a revised Planned Surgery Referral form. • Priority population focus strengthened via allied health optimisation pathways, pre-anaesthetic clinic redesign and a dedicated First Nations patient information brochure. • Reduced long waiting patients on planned surgery lists, supported by specialty-aligned nursing to streamline bookings.	Achieved

Opposite: Phil Hunt, consumer and Charlotte Henry, Cancer Nurse Consultant


REFRIGERATE
REFRIGERATE

Strategic Goal

Prudent, Sustainable and Effective Use of Resources

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

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
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.	• Financial Efficiencies Reporting developed and maintained consistently across all four quarters. • Positive financial results sustained each quarter. • Year finished strong, with a surplus of $833k for the financial year ended 30 June 2026.	Achieved
	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.	• Efficiency Initiatives progressively rolled out across the year. • Substantial savings and projects achieved for the year in line with the Budget Action Plan and Financial Efficiency Initiatives. • Significant work continues to improve operational efficiencies through system enhancements, using data analytics and performance metrics to guide evidence-based, sustainable improvements across the organisation.	Achieved
	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.	• Review of paediatric outpatient model of care resulting in a 74 per cent reduction for speech therapy wait times. • Hospital diversion strategy: Virtual Hospital partnership with Austin Health focused on cardiac failure providing consumers with timely access to specialists. • Review and diversification of nursing workforce in Aged Care to improve resident and staff experience In response to the Maternity Taskforce recommendations, developed Maternity Group Practice model of care.	Achieved

Opposite: Myrna Morrisey, Resident Corangamarah and Megan Alsop, Enrolled Nurse

Strategic Goal

A Stronger Workforce

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

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
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 fulfil 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.	• Implementation of Psychological Safety Legislation through development of governance and reporting framework. • Improved workplace culture and employee experience through mandatory Respect@ Work training and introduction of electronic reporting portal 'Call-It-Out'. • Completed Gender Equality Audit to inform targeted, actionable workplace strategies for the Gender Equality Action Plan (GEAP). • 'Fit for the Future' People and Culture Strategy developed and launched.	Achieved
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	• Strengthened workforce data analytics capability built progressively through ongoing system enhancement. • Analytics now informing targeted actions to improve workforce wellbeing. • Continued improvement utilising workforce data and analytics to reduce workforce liabilities and inform financial efficiency initiatives.	Achieved



Strategic Goal

Improving Aboriginal Health and Wellbeing

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

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
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.	• Aboriginal Cultural Safety Action Plan developed, with the Wathaurong Memorandum of Understanding (MoU) establishing cultural safety training as a shared priority. • Four cultural safety training modules reviewed and being updated as part of shared Local Health Service Network (LHSN) modules, reflected in the Cultural Safety Plan.	Ongoing
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	• Reconciliation Action Plan (RAP) endorsed by Reconciliation Australia and formally launched with implementation ongoing. • Reconciliation Working Group has strong Aboriginal consumer/community engagement, supported by a newly established Aboriginal Health Unit Lead. • Cultural Safety Plan and Aboriginal Employment Plan progressed, alongside a strengthened Executive-level relationship with Traditional Owners and community-controlled organisations.	Ongoing
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	• Culturally appropriate identification systems progressed via the Aboriginal Cultural Safety Plan. • 'Asking the Question' Face-to-Face training in development, online training continues. • Initiatives implemented resulting in an increase of Aboriginal and Torres Strait Islander patients identified and positive consumer feedback. • Aboriginal and Torres Strait Islander People-specific care pathway in development within the Maternity Group Practice model, supported by close provider links for post-discharge support via the Aboriginal Health Unit.	Ongoing

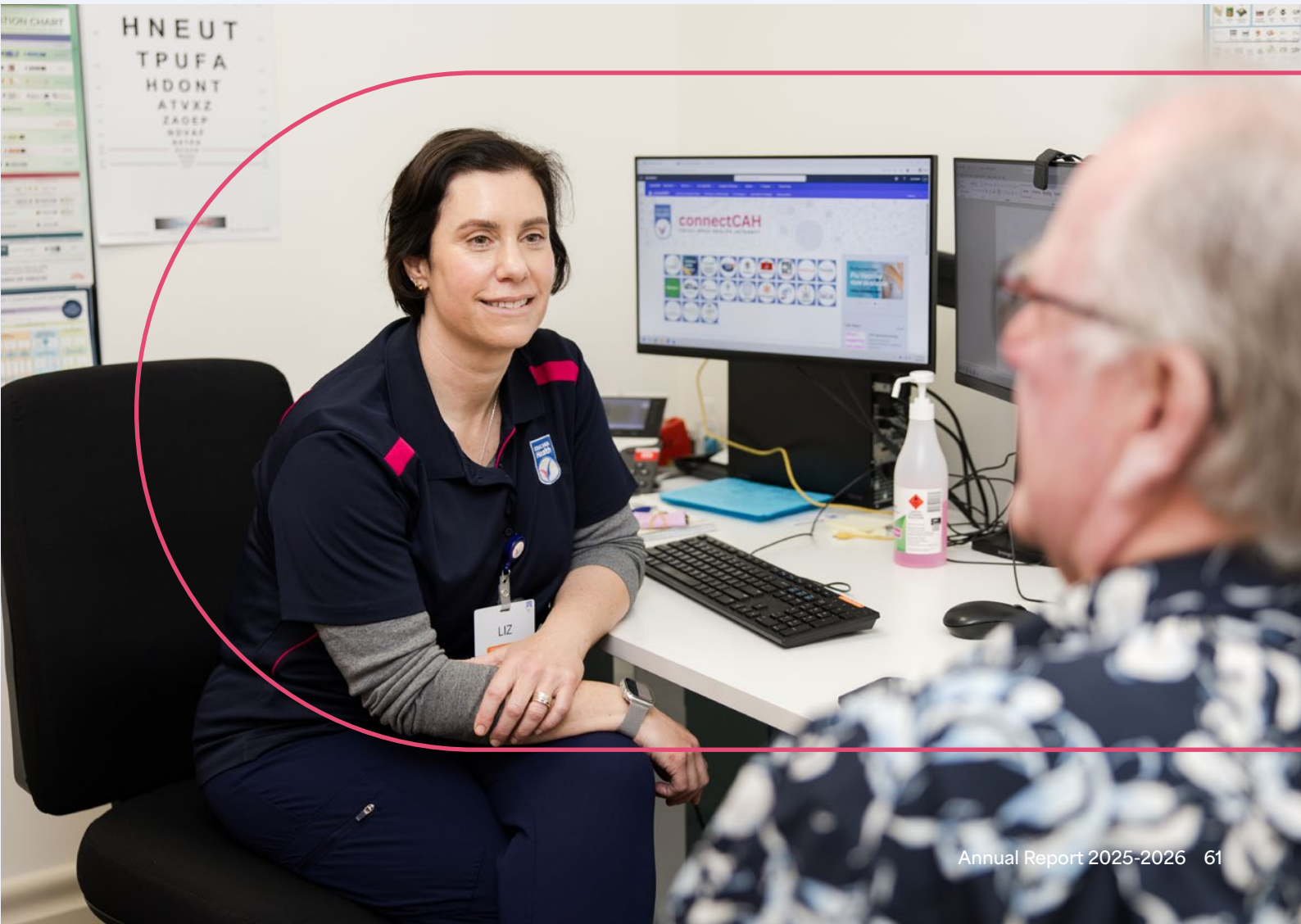
Opposite: Liz Drever, Diabetes Educator and Brian Campbell, consumer

Strategic Goal

Moving from Competition to Collaboration

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

Sub-Goals	Key Deliverables	Achievements/Outcomes	Result/ Status
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).	• Statement of Expectations finalised and Safer Together Program developed to support network-wide safety and quality initiatives including clinical governance self-assessment. • Clinical Services Plan Part A completed and endorsed. • Part B priorities identified and consultation now underway with key staff and external stakeholders.	Ongoing



Statement of Priorities Part B

High Quality and Safe Care

Key Performance Measure	Target	Result
Infection Prevention and Control		
Percentage of healthcare workers immunised for influenza	94%	100%
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	N/A
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	4 stars
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	94.70%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice*	0%	0%

* Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.



Chloe Pearson, Contract, Compliance and Administration officer

Strong Governance, Leadership and Culture

Key Performance Measure	Target	Result
Organisational Culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions*	80%	74%

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

Timely Access to Care

Key Performance Measure	Target	Result
Specialist Clinics		
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%	91.40%
Number of patients admitted from the planned surgery waiting list	1,303	1,352
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	5.50%
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	1.15
Specialist Clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe*	95%	95.30%
Home Based Care		
Percentage of admitted bed days delivered at home	12.0%	11.30%

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

Effective Financial Management

Key Performance Measure	Target	Result
Operating result ($M)	0.00	0.83
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.28
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	5% movement in forecast revenue and expenditure forecasts	Achieved

Statement of Priorities Part C: Activity and funding

Funding Type	2025-2026 Activity Achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU*	7,323
Acute Admitted	
Acute admitted DVA	9
Acute admitted TAC	0
Aged Care	
Residential Aged Care	19,374
HACC	2,899
Primary Health	
Community Health / Primary Care programs	3,469
Small Rural	
Small Rural Mental Health	1

*NWAU - National Weighted Activity Unit (NWAU) is a measure of health service activity expressed as a common unit, against which the National Efficient Price (NEP) is paid

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

Opposite: Lauren Ryan, Speech Pathologist and Casi





Colac Area Health Financial Report

For the Financial Year Ended 30 June 2026

Opposite: Louise Vaughan, Social Support Activity Facilitator – Miller House

Colac Area Health

Financial Statements
For the Financial Year ended 30 June 2026

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

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Colac Area Health
Financial Statements
For the Financial Year ended 30 June 2026

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

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Colac Area 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 28 September 2026.

Dr Georgina Hayden	**Fiona Brew**	**Jordon Beale**
Board Chair	Chief Executive	Chief Financial Officer
		
Colac	Colac	Colac
28 September 2026	28 September 2026	28 September 2026

Comprehensive Operating Statement

Colac Area Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1(a)	72,569	58,849
Government Grants	2.1(b)	6,258	4,296
Other sources of income	2.1(c)	14,762	6,913
Total revenue and income from transactions		**93,589**	**70,058**
Expenses from transactions			
Employee expenses	3.1	(57,175)	(50,974)
Supplies and consumables	3.1	(20,141)	(16,660)
Depreciation and amortisation	4.1(a)	(5,784)	(5,862)
Total Expenses from transactions		**(83,100)**	**(73,496)**
Net result from transactions - net operating balance		**10,489**	**(3,438)**
Other economic flows included in net result			
Net gain on sale of non-financial assets		42	16
Net (loss) on financial instruments		(15)	(58)
Other (loss) from other economic flows		(119)	(404)
Total other economic flows included in net result		**(92)**	**(447)**
Net result		**10,397**	**(3,885)**
Comprehensive result		**10,397**	**(3,885)**

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

Balance Sheet

Colac Area Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	36,526	25,461
Receivables	5.1	7,946	6,272
Contract assets		-	1,495
Total financial assets		**44,472**	**33,228**
Non-financial assets			
Prepayments		1,322	118
Inventories		133	100
Property, plant and equipment	4.1	57,702	60,160
Total non-financial assets		**59,157**	**60,378**
Total assets		**103,629**	**93,606**
Liabilities			
Payables	5.2	8,725	11,305
Contract liabilities		1,330	1,301
Borrowings		794	564
Employee benefits	3.1(b)	10,956	10,313
Monies held in trust	5.3	11,352	10,048
Total liabilities		**33,157**	**33,531**
Net assets		**70,472**	**60,075**
Equity			
Property, plant and equipment revaluation surplus		47,667	47,667
Restricted specific purpose reserve		10,792	3,395
Contributed capital		14,253	14,253
Accumulated (deficit)		(2,240)	(5,240)
Total equity		**70,472**	**60,075**

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

Cash Flow Statement

Colac Area Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		70,883	57,555
Donations and bequests received		6,381	138
GST Received from ATO		1,808	1,685
Interest and investment income received		2,786	2,608
Other receipts		11,566	4,737
Total receipts		**93,424**	**66,723**
Payments to employees		(56,652)	(39,823)
Payments for supplies and consumables		(20,141)	(16,519)
GST paid to ATO		(238)	-
Other payments		(3,581)	(7,963)
Total payments		**(80,612)**	**(64,305)**
Net cash flows from operating activities		**12,812**	**2,418**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		42	50
Purchase of non-financial assets		(3,326)	(2,058)
Net cash flows used in investing activities		**(3,284)**	**(2,008)**
Cash flows from financing activities			
Repayment of borrowings		(139)	(71)
Receipt of borrowings		369	337
Repayment of accommodation deposits		(2,923)	(2,893)
Receipt of accommodation deposits		4,230	3,565
Net cash flows from financing activities		**1,537**	**938**
Net increase in cash and cash equivalents held		**11,065**	**1,348**
Cash and cash equivalents at beginning of year		25,461	24,113
Cash and cash equivalents at end of year	6.1	**36,526**	**25,461**

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

Statement of Changes in Equity

Colac Area Health
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**47,667**	**2,570**	**14,253**	**(1,398)**	**63,092**
Net result for the year	-	-	-	(3,885)	(3,885)
Transfer from/(to) accumulated surplus/(deficit)	-	825	-	(825)	-
Prior year corrections	-	-	-	868	868
Balance at 30 June 2025	**47,667**	**3,395**	**14,253**	**(5,240)**	**60,075**
Net result for the year	-	-	-	10,397	10,397
Movement in reserves	-	7,397	-	(7,397)	-
Balance at 30 June 2026	**47,667**	**10,792**	**14,253**	**(2,240)**	**70,472**

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

Note 1: About this Report

These financial statements represent the financial statements of Colac Area Health for the year ended 30 June 2026.

Colac Area Health is a not-for-profit entity established as a public agency in 2002 under the *Health Services Act 1988 (Vic).* A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Colac Area Health on 28 September 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Colac Area Health.

Colac Area Health's principal address is:

2 – 28 Connor Street
Colac, Victoria 3250

Note 1.4 Economic dependency

Colac Area 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 financial position. Colac Area 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 Colac Area Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

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

Significant judgement

- Colac Area Health applies material judgement when reviewing the terms and conditions of funding agreements and their performance obligations under *AASB 15 - Revenue from Contracts with Customers* and *AASB 1058 – Income of Not-for-Profit Entities*.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	72,569	58,849
Government grants	2.1(b)	6,258	4,296
Other sources of income	2.1(c)	14,762	6,914
Total revenue and income from transactions		**93,589**	**70,059**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	60,472	48,293
Government grants (Commonwealth) - Operating	9,062	7,975
Patient and resident fees	2,510	2,168
Commercial activities	525	413
Total revenue from contracts with customers	**72,569**	**58,849**

How we recognise revenue from contracts with customers

Government grants

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

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Colac Area Health's goods or services. Colac Area 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.

This policy applies to each of Colac Area Health's revenue streams, with information detailed below relating to Colac Area Health's material 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 regional Victorian Efficient Price (VEP) is paid. The performance obligations for NWAU are the number and mix of admissions, Urgent Care centre presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Other one-off grants (if funding conditions contain enforceable and sufficiently specific performance obligations)	For other grants with performance obligations Colac Area Health exercises judgement over whether the performance obligations have been met, on a grant-by-grant basis. The individual grant will also depend on whether revenue is recognised at a point in time or over time.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of aged care for residents within facilities at Colac Area Health. The performance obligations include provision of residential accommodations and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.

Patient and resident fees

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

Note 2.1(b) Government grants

	2026 $'000	2025 $'000
Government grant (State) - Operating	1,013	2,858
Government grant (State) - Capital	5,023	1,126
Government grant (Commonwealth) - Capital	222	312
Total Government grants	**6,258**	**4,296**

How we recognise Government grants

Government grants

Colac Area Health recognises income for 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 Colac Area Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Colac Area 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 Colac Area 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 Colac Area 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
Salary and other recoveries		2,896	2,161
Assets received free of charge or for nominal consideration	2.1(d)	6,924	391
Other income from operating activities		4,942	4,362
Total other sources of income		**14,762**	**6,914**

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

	2026 $'000	2025 $'000
Cash donations and gifts	6,381	138
VMIA insurance premiums non-cash grant	197	182
DH LSL debtor non-cash grant	346	52
Personal protective equipment and other consumables	-	19
Total fair value of assets and services received free of charge or for nominal consideration	**6,924**	**391**

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

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Colac Area 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 Colac Area Health as a capital contribution transfer.

Cash Donations and gifts

A generous donation was received by Colac Area Health in FY26 and this was recognised upon receipt.

Non-cash contributions from the Department of Health

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Colac Area 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 our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	57,175	50,974
Other operating expenses	3.1(c)	20,141	16,660
Total expenses incurred in the delivery of services		**77,316**	**67,634**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	40,695	37,124
Superannuation expense [(1)]	4,796	4,069
Agency expenses	3,386	2,706
Fee for service medical officer expenses	8,298	7,075
Total employee expenses	**57,175**	**50,974**

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

How we recognise employee expenses

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

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

Note 3.1(b) Employee-related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	62	73
Annual leave	4,334	3,927
Long service leave	5,101	4,822
Provision for on-costs	728	660
Total current provisions for employee benefits	**10,225**	**9,482**
Non-current provisions for employee benefits		
Long service leave	640	738
Provision for on-costs	91	93
Total non-current provisions for employee benefits	**731**	**831**
Total provisions for employee benefits	**10,956**	**10,313**

How we recognise employee-related provisions

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

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

Annual leave and accrued days off

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

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

Nominal value – if Colac Area Health expects to wholly settle within 12 months or
Present value – if Colac Area Health does not expect to wholly settle within 12 months.

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Colac Area 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 Colac Area Health expects to wholly settle within 12 months or
Present value – if Colac Area Health does not expect to wholly settle within 12 months.

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

Provisions

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	1,327	1,306
Medical and surgical supplies (including Prostheses)	3,596	3,482
Diagnostic and radiology supplies	1,688	1,485
Other supplies and consumables	1,613	1,585
Information technology expenses	3,718	3,374
Fuel, light, power and water	610	545
Repairs and maintenance	2,381	1,408
Maintenance contracts	841	405
Medical indemnity insurance	1,099	922
Other administration expenses	3,268	2,147
Total other operating expenses	**20,141**	**16,660**

How we recognise other operating expenses

Expense recognition

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

Supplies and consumables

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

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

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

Note 4 Key assets to support service delivery

Colac Area 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 Colac Area Health to be utilised for delivery of services.

Significant judgement – Fair value measurement

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

Structure

4.1 Property, plant and equipment
4.2 Depreciation

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	1,588	1,588	-	-	1,588	1,588
Land at fair value - Freehold	3,276	3,276	-	-	3,276	3,276
Buildings at fair value	49,915	49,915	(9,030)	(4,515)	40,885	45,400
Works in progress at cost	5,631	2,533	-	-	5,631	2,533
Plant, equipment and vehicles at fair value	17,772	18,488	(11,450)	(11,125)	6,322	7,363
Total property, plant and equipment	**78,182**	**75,800**	**(20,480)**	**(15,640)**	**57,702**	**60,160**

How we recognise property, plant and equipment

Items of property, plant and equipment are initially measured at cost, and are subsequently measured at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, being far below the fair value of the asset, the deemed cost is its fair value at the date of acquisition.

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

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**4,864**	**45,400**	**2,533**	**7,363**	**60,160**
Additions	-	-	3,098	228	3,326
Depreciation	-	(4,515)	-	(1,269)	(5,784)
Balance at 30 June 2026	**4,864**	**40,885**	**5,631**	**6,322**	**57,702**

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, Colac Area Health has elected to apply the practical expedient in *FRD 103 Non-Financial Physical Assets* and has therefore

not applied the amendments to *AASB 13 Fair Value Measurement*. The amendments to AASB 13 will be applied at the earlier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with Colac Area Health's revaluation cycle.

4.1(b) Impairment of property, plant and equipment

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

Note 4.2 Depreciation

How we recognise depreciation

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

Useful lives of non-current assets

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

	2026	2025
Land Improvements	20 to 30 years	20 to 30 years
Buildings		
- Structure shell building fabric	50 to 60 years	45 to 60 years
- Site engineering services and central plant	25 to 50 years	20 to 30 years
Plant and equipment	1 to 50 years	1 to 50 years
Medical equipment	4 to 20 years	4 to 20 years
Computer equipment	4 to 20 years	4 to 20 years
Furniture and fittings	5 to 40 years	4 to 20 years
Motor Vehicles	4 to 5 year	4 to 5 year
Leasehold improvements	2 to 10 years	2 to 10 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Trade receivables		2,778	986
Patient fees		212	238
Allowance for impairment losses		(13)	(13)
Amounts receivable from government and agencies		258	419
Total contractual receivables		**3,235**	**1,630**
Statutory			
GST receivable		707	935
Total statutory receivables		**707**	**935**
Total current receivables		**3,942**	**2,565**
Non-current receivables			
Contractual			
Long service leave - Department of Health		4,004	3,707
Total contractual receivables		**4,004**	**3,707**
Total non-current receivables		**4,004**	**3,707**
Total receivables		**7,946**	**6,272**
(i) Financial assets classified as receivables			
Total receivables		7,946	6,272
GST receivable		(707)	(935)
Total financial assets classified as receivables	7.1	**7,239**	**5,337**

How we recognise receivables

Receivables consist of:

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

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

Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		914	864
Accrued salaries and wages		2,267	1,119
Accrued expenses		2,360	3,235
Deferred capital grant income		638	940
Inter hospital creditors		2,440	1,252
Amounts payable to government and agencies		-	3,372
Total contractual payables		**8,619**	**10,782**
Statutory			
GST payable		106	523
Total statutory payables		**106**	**523**
Total current payables		**8,725**	**11,305**
Total payables		**8,725**	**11,305**
(i) Financial liabilities classified as payables			
Total payables		8,725	11,305
Deferred grant income		(638)	(940)
GST payable		(106)	(523)
Total financial liabilties classified as payables	7.1	**7,981**	**9,842**

How we recognise payables

Payables consist of:

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

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

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies		18	21
Refundable accommodation deposits		11,334	10,027
Total current monies held in trust		**11,352**	**10,048**
Total other liabilities		**11,352**	**10,048**
*** Represented by:**			
- Cash assets	6.1	11,352	10,048
		11,352	**10,048**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

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

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

Note 6 How we finance our operations

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

Note 6.1 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		25,172	15,412
Total cash held for operations		**25,174**	**15,413**
Cash on hand (monies held in trust)		18	21
Cash at bank (monies held in trust)		11,334	10,027
Total cash held as monies in trust	5.3	**11,352**	**10,048**
Total cash and cash equivalents	7.1	**36,526**	**25,461**

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Colac Area 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*.

30 June 2026	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	36,526	-	2,786	-	-
Receivables	5.1	7,239	-	-	-	-
Total financial assets [i]		**43,765**	**-**	**2,786**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.2	7,981	-	-	-	-
Borrowings		794	-	(119)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	11,334	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	18	-	-	-	-
Total financial liabilities [i]		**20,127**	**-**	**(119)**	**-**	**-**

30 June 2025	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.1	25,461	-	2,608	-	-
Receivables	5.1	5,337	-	-	-	-
Total financial assets [i]		**30,799**	**-**	**2,608**	**-**	**-**
Financial liabilities at amortised cost						
Payables	5.2	9,842	-	-	-	-
Borrowings		564	-	(3)	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.3	10,027	-	-	-	-
Other financial liabilities - patient monies held in trust	5.3	21	-	-	-	-
Total financial liabilities [i]		**20,454**	**-**	**(3)**	**-**	**-**

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

How we categorise financial instruments

Financial assets at amortised cost

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

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

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

Colac Area Health recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Colac Area Health recognises the following liabilities in this category:

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

Derecognition of financial assets

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

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

How we measure and disclose contingent assets and contingent liabilities

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

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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.

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

Colac Area 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 Colac Area Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

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

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

For all assets measured at fair value, Colac Area Health considers the current use as its highest and best use.

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

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

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

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

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

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

Vehicles

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

Furniture, fittings, plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Valuation technique	Significant assumption	Range (weighted average)[i]
Specialised land	Market approach	Community Service Obligations adjustment	-20% (20%)[ii]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$67 - $4,187/m^2 ($1,030) 50 - 60 years (40 years)
Plant, equipment, vehicles	Current replacement cost approach	Cost per unit Useful life	$5,000 - $822,950 ($21,516 per unit) 1 - 50 years (8.52 years)

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

[ii] A community service obligation (CSO) of 20% was applied to the Colac Area Health's specialised land.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary Anne Thomas MP:	
Minister for Health	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 Jun 2026
Minister for Ambulance Services	15 April 2026 - 30 Jun 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 Jul 2025 - 30 Jun 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 Jun 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 Jul 2025 - 30 Jun 2026
Minister for Ageing	1 Jul 2025 - 30 Jun 2026
Minister for Multicultural Affairs	1 Jul 2025 - 30 Jun 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 Jul 2025 - 30 Jun 2026
Minister for Disability	1 Jul 2025 - 30 Jun 2026
Governing Boards	
Dr Georgina Hayden (Chair of the Board)	1 Jul 2025 - 30 Jun 2026
Anne-Marie Leslie (Vice Board Chair)	1 Jul 2025 - 30 Jun 2026
Brendan Morris	1 Jul 2025 - 30 Jun 2026
Joanna Carden	1 Jul 2025 - 30 Jun 2026
Dr Lisa-Jane Moody	1 Jul 2025 - 30 Jun 2026
Dr Margeret Grigg	1 Jul 2025 - 30 Jun 2026
Susan Walpole	1 Jul 2025 - 30 Jun 2026
Sylvia Barry	1 Jul 2025 - 30 Jun 2026
Dr Bruce Bartley	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Fiona Brew (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	2026 No.	2025 No.
$0 - $9,999	9	9
$330,000 - $339,999	1	1
Total Numbers	**10**	**10**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**394**	**419**

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

Note 8.2 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. The number of executives increased by 2, with 1 Executive being on sabbatical for a 6-month period.
Note that not all executives are full-time employees.

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

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	1,043	928
Total number of executives	6	4
Total annualised employee equivalent [ii]	3.7	4.0

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

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

Note 8.3 Related parties

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

- All key management personnel (KMP) and their close family members and personal business interests
- Cabinet ministers (where applicable) and their close family members,
- Jointly controlled operations – A Member of SWARH, and
- All health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

Colac Area Health received funding from Government related entities of $53.2 m (2025: $46.9 m) and indirect contributions of $5.4 m (2025: $0.6 m). Balances outstanding as at 30 June 2026 are $4.2 m (2025: $4.1 m).

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

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

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

Key management personnel

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

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

Entity	KMPs	Position Title	Period
Colac Area Health	Dr Georgina Hayden	Chair of the Board	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Anne-Marie Leslie	Vice Chair	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Brendan Morris	Treasurer	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Joanna Carden	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Dr Lisa-Jane Moody	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Dr Margeret Grigg	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Susan Walpole	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Sylvia Barry	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Dr Bruce Bartley	Board Member	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Fiona Brew	Chief Executive Officer	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Jordon Beale	Chief Financial Officer	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Kay Widdicombe	Executive Director Community Health	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Trevor Olsson	Executive Director People and Culture	1 Jul 2025 - 28 Feb 2026
Colac Area Health	Kerry Dee	Executive Director People and Culture	1 Mar 2026 - 30 Jun 2026
Colac Area Health	Samantha Soggee	Executive Director Clinical Services	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Ken Cheng	Executive Director Medical Services	1 Jul 2025 - 30 Jun 2026
Colac Area Health	Dean Dimovski	Executive Director Medical Services (covering sabbatical leave)	1 Sept 2025 - 31 Mar 2026

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	1,436	1,347

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

Transactions with KMPs and other related parties

Given the breadth and depth of State government activities, related parties transact with the Victorian public sector in a manner consistent with other members of the public e.g. stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector 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 Colac Area 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 Colac Area Health Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

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

Note 8.4 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	38	36
Total remuneration of auditors	**38**	**36**

Note 8.5 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.6 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
South West Alliance of Rural Health	The member entities have committed to the establishment of health information systems	3.55	3.7

For the year ended 30 June 2026, Colac Area Health's share of the joint operations financials was:

	2026 $'000	2025 $'000
Total revenue and income	1,284	1,372
Total expenses	(1,305)	(1,291)
Total net result	(21)	81
Total other economic flows	3	12
Comprehensive result for the year	(18)	93
Total assets	1,183	1,420
Total liabilities	936	1,146
Total equity	247	274

Contingent liabilities and capital commitments

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

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Colac Area Health

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
29 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

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Notes:
(a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.
(b) Refer to the Model financial statements section (Part two) for further details.

COLAC AREA
Health

