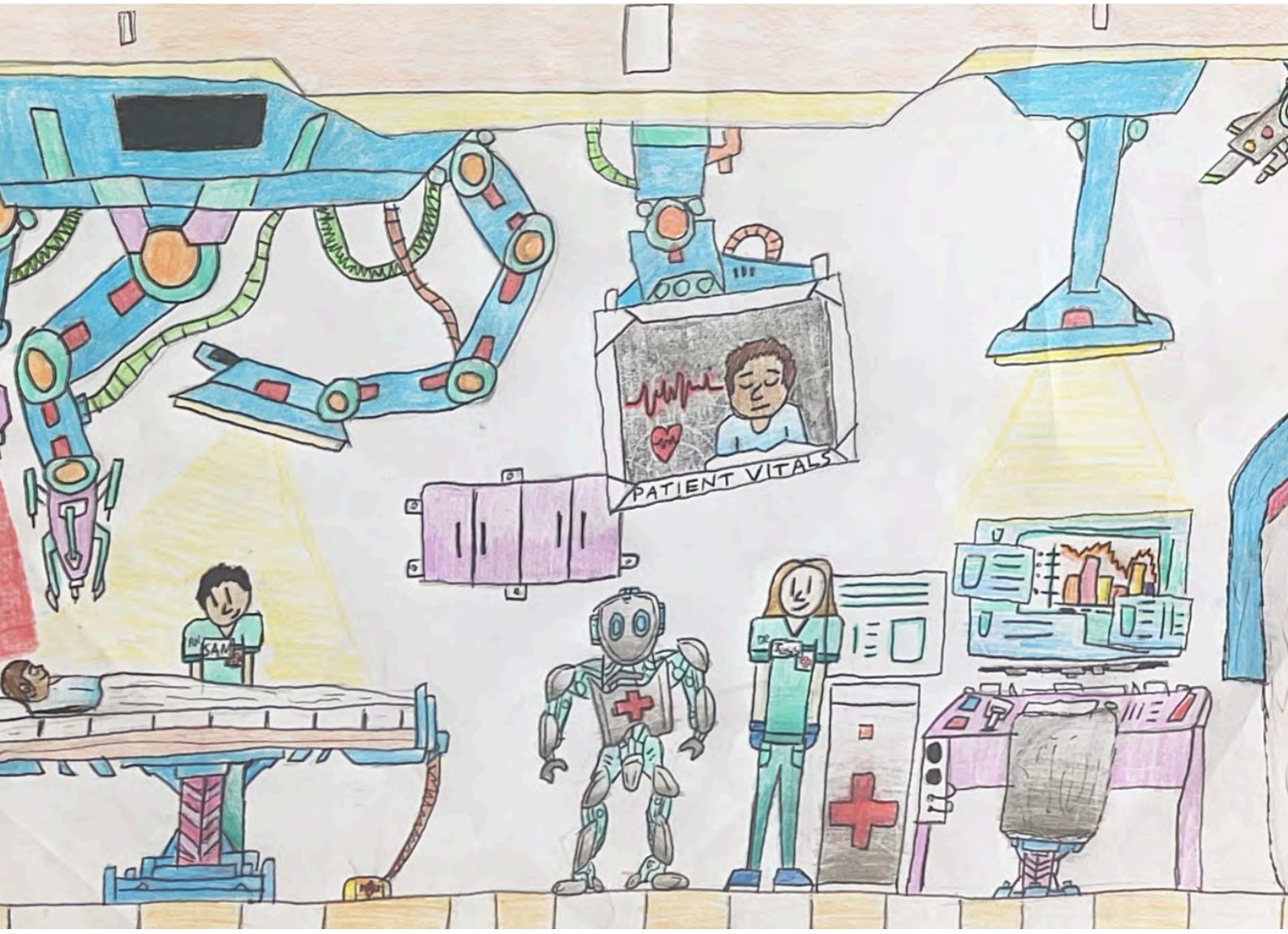
Grampians Health

Annual Report



2025–26

What do you imagine a hospital of the future to look like?

"A futuristic hospital with advanced technology to help patients. Human doctors and robots work together."

Sebastian, St Thomas More Catholic Primary School, Ballarat

Vale Rob Knowles



Grampians Health acknowledges and mourns the loss of the Hon. Rob Knowles AO, our highly respected Board Chair who passed away in April 2026.

Rob was a deeply respected leader whose life was marked by service, integrity and care for others. As Chair of Grampians Health, Rob made a meaningful contribution through his thoughtful leadership, strong advocacy for patient safety and inclusion, and his unwavering focus on improving health outcomes for the people and communities we serve. His work made a positive difference to the lives of individuals, families and communities across the region.

May his legacy live on in the work we continue to do, every day.

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We acknowledge the **Traditional Custodians of the lands on which we operate**, the Wadawurrung, Djab wurrung, Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples.

We **welcome everyone** to our services. We acknowledge and respect the **different backgrounds and experiences** that people live with.

We recognise the voices and experience of all **people with a lived experience** and **those who support them.**

We support and provide equitable care for people of all **cultures, backgrounds, sexualities, identities,** and **people with disabilities.**

We acknowledge the **impact of family violence** and stand in solidarity with all **victim survivors.**

We are committed to providing **safe and accessible healthcare for everyone.**

About Us

Grampians Health is dedicated to delivering comprehensive and accessible healthcare solutions to our diverse population.

Committed to the wellbeing of individuals, families, and communities, Grampians Health prioritises effective prevention and health promotion strategies. Through a collaborative approach, we aim to strengthen the capacity of the communities we serve, ensuring equitable access to high-quality care, closer to home.

With a focus on innovation and compassion, we strive to be at the forefront of healthcare excellence, fostering a healthier and thriving Grampians region.

Serving a population of over 250,000 residents across 48,500 square kilometres, we understand the need for continuous care growth and improvement, and we are committed to addressing life expectancy disparities, reducing cancer-related premature mortality rates, and tackling the rising rates of poor mental health. We also strive to address alcohol-related harm, obesity, and First Nations health disparities.

We are dedicated to delivering a wide range of services, spanning from pregnancy and birth to palliative care and organ donation.

Innovative care is at the core of our approach. Using a mix of mobile and remote services, staffing at partner facilities, and robust collaborations with health services across the entire Grampians region, we value and invest in our skilled workforce, providing ongoing training and development opportunities.

Grampians Health was formed on 1 November 2021, through the amalgamation of Edenhope and District Memorial Hospital, Stawell Regional Health, Wimmera Health Care Group, and Ballarat Health Services, following approval from the Minister for Health under the Victorian *Health Services Act 1988.*

This Annual Report covers the period from 1 July 2025 to 30 June 2026 and is prepared for the Minister for Health, the Parliament of Victoria, and the Grampians Health community, in accordance with government and legislative requirements and financial reporting directives.

During this period Grampians Health was accountable, through its Board of Directors, to:

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

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

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

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

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

Front cover image: *One of the student artworks featuring as part of the Ballarat Base Hospital art display in the hospital's main entrance. Students from local schools were asked to create an artwork around the theme, "What do you imagine a hospital of the future to look like?"*

Our campuses



Grampians Health is made up of five main campuses - Ballarat, Dimboola, Edenhope, Horsham and Stawell - and a number of satellite sites from which we operate.

While some of our consumer services are campus-specific, many services reach across multiple campuses and the wider Grampians region.

Grampians Health wide – Grampians Public Health Unit (GPHU), First Nations Health Team, Disability Liaison Office, corporate and support services, volunteers, fundraising, community engagement

Ballarat – emergency, acute care, aged care communities, maternity, allied health, palliative care, primary health, dental, radiology and diagnostics, specialist outpatients, cancer care, mental health, surgical services, community services, gynaecology, parenting and children's services, clinical research

Dimboola – acute care, allied health, aged care community, medical centre, telehealth, day centre

Edenhope – urgent care, acute care, aged care community, Rural Outreach program, community centre, Health and Wellbeing Hub, telehealth, community services, medical clinic

Horsham – emergency, acute care, aged care communities, maternity, Community Options, allied health, medical clinic, primary health, day centre, dental clinic, radiology, cancer care, surgical services

Stawell – urgent care, acute care, medical centre, aged care community, X-ray and radiology, cancer care, surgical services, telehealth, community services, allied health, community rehabilitation

Year in Review

Board Chair & Chief Executive

Grampians Health was formed to improve healthcare for rural and regional Victorians, ensuring our communities have access to the same high-quality care available in metropolitan areas.

The past year has seen a number of high-impact initiatives come to life, as we continue our journey of bringing care closer to home.

Our work continues to be guided by the three pillars of our Strategic Plan: **Our Care, Our People** and **Our Partners.** These pillars shape our priorities and decisions as we deliver safe, high-quality care, support and grow our workforce, and strengthen partnerships across our region. Underpinning everything we do are our values of **collaboration, accountability, innovation, respect** and **compassion**, which influence how we lead, work together and care for others every day.

Our care

Improving healthcare across our region requires collaboration, shared expertise and innovative approaches that make care more accessible for our communities.

This has enabled initiatives such as the introduction of monthly prosthetic and orthotics clinics in Stawell and Horsham. Drawing on expertise from our established Ballarat service, these clinics improve access to essential care while reducing the need for patients to travel long distances.

The growing expertise of our workforce continues to increase the specialist services we can provide locally, reducing the need for patients to travel for care.

We are now providing round-the-clock specialist support for people with blood-related conditions, allowing us to provide more timely care as well as reduce the need for patient travel - or urgent transfer - to a metropolitan health service.

During the year, we completed the first free tissue transfer surgery at the Ballarat Base Hospital, one of the most advanced techniques in reconstructive surgery.

Our state-of-the-art surgical robot, *Joy*, has continued to transform patient care. During the year, we performed our first public emergency robotic surgeries, demonstrating both the growing integration of robotic technology and the expertise of our surgical teams.

Another major milestone was Grampians Health's transition to an independent renal hub. Previously operating as satellite services of the Royal Melbourne Hospital, our renal units in Ballarat and Horsham are now managed internally. This provides greater opportunities to grow local services, strengthen specialist medical and nursing expertise, introduce renal surgical services, and improve outcomes for people living with chronic kidney disease.

Also enhancing delivery of care is the relocation of our community mental health services in Ballarat to a centrally located site, consolidating our services under one roof to better serve the community.

Patients are at the forefront of everything we do. Over the past year, teams across Grampians Health have worked together to improve patient flow and support safer care.

We are now delivering:

- a dedicated patient flow team across our campuses
- expanded 7-day staffing models to maintain flow across the week
- a focus on getting people home earlier in the day
- extended pharmacy services and hours
- an expanded Short Stay Unit, and extended hours for Medical Day Unit and Transit Unit at Ballarat
- improved emergency department front-of-house processes.

Our people

Grampians Health prides itself on being a healthcare service for everyone, and we continue to strengthen this commitment across every part of our organisation.

During the year we launched our first Intercultural Action Plan, an important step towards creating a more inclusive, equitable

and culturally diverse organisation. The plan reinforces our commitment to consumer-centred care while helping to create workplaces where people feel valued, supported and able to thrive.

We strive to be a health service that listens, learns and leads by example. Our goal is to create a workplace where all staff feel respected, safe and supported, and where Grampians Health is recognised as an employer of choice.

The Intercultural Action Plan was developed through extensive consultation with staff and community representatives and will continue to evolve through ongoing engagement and feedback.

We also continued our commitment to improving health outcomes for First Nations people across our region. This work continues under the leadership of our newly appointed Director of First Nations Health, proud Palawa woman Emma Thurling.

This year we renewed our partnership with Federation University to create more opportunities for students to train, work and build their careers close to home. Together, we are expanding clinical education, strengthening research and supporting ongoing professional development. We aim to grow our future nursing and midwifery workforce as well as improve local employment pathways and access to care. A key part of this is the appointment of Professor Alison Beauchamp to the role of joint Professor of Nursing for Grampians Health and Federation University.

Building a skilled, diverse and sustainable workforce remains a priority for Grampians Health. Growth in our regional teams is helping improve access to care and strengthen services closer to home – such as in Stawell, where the addition of five allied health clinicians has increased access to local care. With increased perioperative staffing we have also been able to run both Stawell operating theatres simultaneously, resulting in an average of six to seven additional surgical lists each month.

We continue to invest in leadership development through the CORE Program, delivered in partnership with the University of Melbourne's Melbourne Business School. The program helps strengthen leadership capability, support positive workplace culture and build the skills needed to lead in a complex healthcare environment. To date, 300 leaders have undertaken the program, which will continue in 2026-27.

The 2026 People Matter Survey received the highest level of staff engagement to date. The results highlighted strong foundations in ethical leadership, workplace respect and a shared commitment to delivering high-quality patient care. While there is more work to do, the survey provides a valuable roadmap to help guide future improvements.

Sadly, violence and aggression remain a reality for many healthcare workers. During the year, we continued rolling out organisation-wide Occupational Violence and Aggression (OVA) prevention training, providing staff with practical skills to support people experiencing stress or distress. This has included a train-the-trainer approach to ensure training is widely available across our services, especially where it is needed most.

Each year, we celebrate the service milestones of our workforce. During 2025-26, more than 580 staff members marked 10 years or more of service. These achievements are always inspiring, particularly for those whose careers represent decades of dedication to healthcare in our region.

At the end of 2025 we also recognised 21 staff as Life Governors, acknowledging their milestone of an extraordinary 40 years of service. We also recognised eight new community Life Governors from across the region for their significant support. We thank all our Life Governors for their outstanding contributions to our health service.

Our partners

Strong partnerships continue to play a vital role in improving health outcomes for our communities.

A research partnership between Grampians Health and Deakin Rural Health is helping address inequities in access to healthcare and education for people living in regional and rural communities.

The Centre for Australian Research into Access (CARA) uses advanced computing and geospatial data to better understand how distance and travel time affect access to care. To date, more than 750,000 hospital presentations have been mapped, generating valuable insights to inform future planning, policy and service delivery.

CARA was recognised for its impact as an innovative research initiative at the Deakin University Faculty of Health Partnerships in Practice Awards in 2026.

Throughout the year, we also continued research focused on creating culturally safe care pathways for First Nations peoples in a regional emergency department. The project aims to reduce racism, improve cultural safety in the ED and strengthen First Nations leadership and participation in research. You can read more about this on page 16.

On 1 July 2025, Local Health Service Networks (LHSNs) were introduced across Victoria. A key recommendation of the Victorian Government's Health Services Plan, LHSNs bring public health services together within geographical regions to support coordinated, collaborative care closer to home. Collaboration makes our health system stronger, and the LHSN not only provides an opportunity for us to support the broader regional community, but also unlocks opportunities for our staff across education, training and professional development.

Our thanks

At the heart of Grampians Health are our dedicated staff and volunteers. Their compassion, professionalism and commitment make a meaningful difference every day, and we thank them for the outstanding care and support they provide across our communities.

We are also grateful to our donors, whose generosity supports initiatives that help advance our vision for stronger regional healthcare.

Acknowledgment must be made to our Board of Directors for their leadership and stewardship. During the year we welcomed a new addition to the Board, Jessica Dean, and farewelled two of our inaugural members, Rhian Jones and Avril Hogan. We thank Rhian and Avril for their longstanding service to Grampians Health and our predecessor health services.

Thank you also to Cora Trevarthen for her outstanding contribution as Acting Board Chair since the passing of Rob Knowles in April. Cora has provided steady leadership, sound guidance, and unwavering support during an important period for the organisation.

We also recognise and thank the members of the Community Advisory Committee, whose advice and insights help ensure community and consumer perspectives remain central to decision-making.

The Board acknowledges the outstanding leadership of the CEO and Executive team. Their dedication, expertise and commitment have been instrumental in achieving the results outlined in this report and positioning Grampians Health for continued success into the future.

Finally, to our Grampians community – we thank you for your ongoing support. It is our privilege to serve you and to continue working towards better health outcomes for rural and regional Victorians.

In accordance with the *Financial Management Act 1994*, we are pleased to present the Report of Operations for Grampians Health for the period ending 30 June 2026.



Patty Kinnersly
Board Chair
(appointed August 2026)

Dale Fraser
Chief Executive Officer

A message from our consumers, carers and communities

People across our region share their experiences of Grampians Health through feedback, consultation, co-design, the Community Advisory Group, Consumer Reference Groups, and participation in governance committees and forums. While these messages cannot reflect every experience, it captures what consumers, carers, families and communities have asked Grampians Health to hear.

Safe, compassionate and respectful care begins with listening. We expect clear, accessible information and involvement in decisions about our care. Services should recognise each person's needs, culture, identity, abilities and circumstances, and involve families, carers and support people when the person chooses.

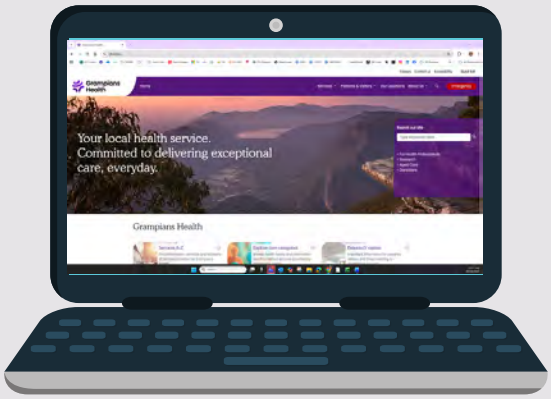
We value early and meaningful involvement in service planning, governance, safety and quality improvement. Consumer perspectives have shaped the aged care community dining experience, language in clinical documentation, the refresh of the Grampians Health website, gender information on registration, the Disability Action Plan, the Intercultural Action Plan, the Consumer Partnership Framework, the sharing of meaningful moments for aged care community residents, and the monthly consumer story. These initiatives show how lived experience can influence care and why Grampians Health must continue to explain what has changed—and when change is not possible.

We thank the staff and leaders who seek consumer input and work with communities to improve care. We also recognise that not every experience is positive and some voices remain under-represented. Further effort is needed to engage rural communities, First Nations peoples, people with disability, culturally and linguistically diverse communities, and people experiencing social or economic disadvantage.

We ask Grampians Health to keep listening, learning and showing how consumer voices shape decisions, services and outcomes. We remain committed to working together as true partners for safer, fairer and more connected care centred on what matters to our communities.

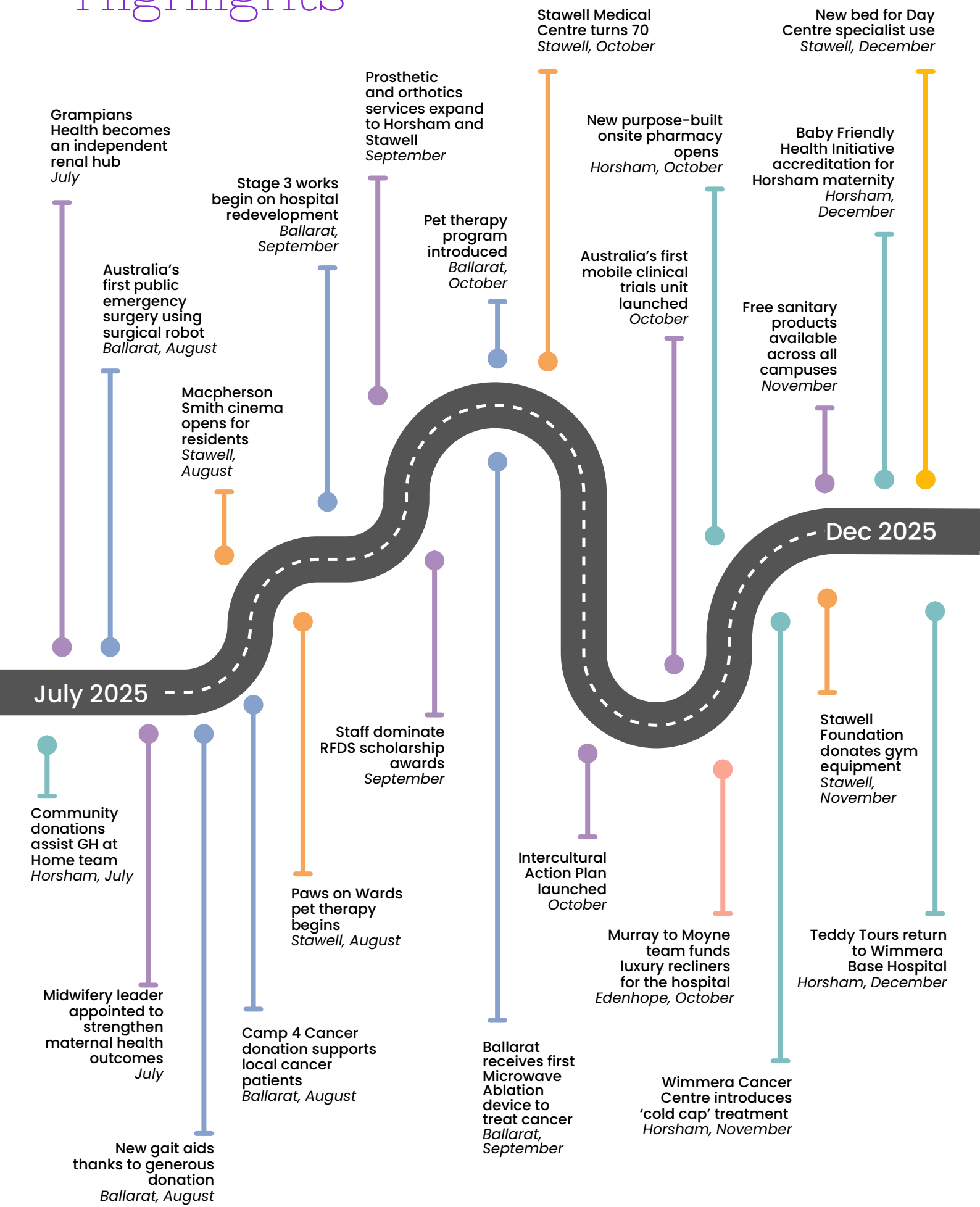
Grampians Health Community and Consumer Groups

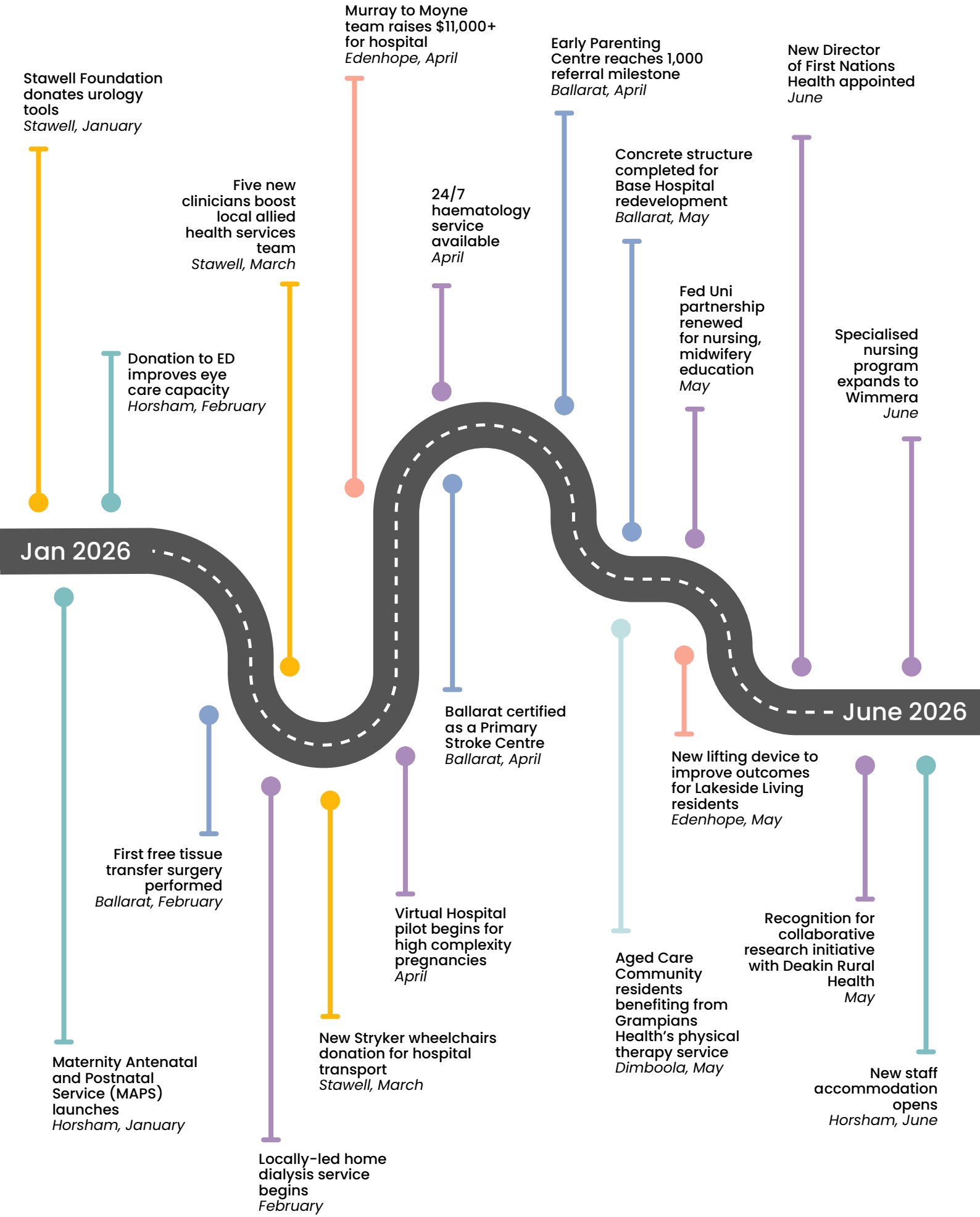




Community and consumer groups provide valuable input in many ways to Grampians Health, including through consultation on various documentation and the website refresh.

Highlights


July 2025
Dec 2025
Grampians Health becomes an independent renal hub
July
Australia's first public emergency surgery using surgical robot
Ballarat, August
Macpherson Smith cinema opens for residents
Stawell, August
Stage 3 works begin on hospital redevelopment
Ballarat, September
Prosthetic and orthotics services expand to Horsham and Stawell
September
Pet therapy program introduced
Ballarat, October
Stawell Medical Centre turns 70
Stawell, October
New purpose-built onsite pharmacy opens
Horsham, October
Australia's first mobile clinical trials unit launched
October
Free sanitary products available across all campuses
November
Baby Friendly Health Initiative accreditation for Horsham maternity
Horsham, December
New bed for Day Centre specialist use
Stawell, December
Community donations assist GH at Home team
Horsham, July
Midwifery leader appointed to strengthen maternal health outcomes
July
New gait aids thanks to generous donation
Ballarat, August
Camp 4 Cancer donation supports local cancer patients
Ballarat, August
Paws on Wards pet therapy begins
Stawell, August
Staff dominate RFDS scholarship awards
September
Ballarat receives first Microwave Ablation device to treat cancer
Ballarat, September
Intercultural Action Plan launched
October
Murray to Moyne team funds luxury recliners for the hospital
Edenhope, October
Wimmera Cancer Centre introduces 'cold cap' treatment
Horsham, November
Stawell Foundation donates gym equipment
Stawell, November
Teddy Tours return to Wimmera Base Hospital
Horsham, December


Jan 2026
June 2026
Stawell Foundation donates urology tools
Stawell, January
Donation to ED improves eye care capacity
Horsham, February
Five new clinicians boost local allied health services team
Stawell, March
Murray to Moyne team raises $11,000+ for hospital
Edenhope, April
24/7 haematology service available
April
Early Parenting Centre reaches 1,000 referral milestone
Ballarat, April
Concrete structure completed for Base Hospital redevelopment
Ballarat, May
Fed Uni partnership renewed for nursing, midwifery education
May
New Director of First Nations Health appointed
June
Specialised nursing program expands to Wimmera
June
Maternity Antenatal and Postnatal Service (MAPS) launches
Horsham, January
First free tissue transfer surgery performed
Ballarat, February
Locally-led home dialysis service begins
February
New Stryker wheelchairs donation for hospital transport
Stawell, March
Virtual Hospital pilot begins for high complexity pregnancies
April
Ballarat certified as a Primary Stroke Centre
Ballarat, April
Aged Care Community residents benefiting from Grampians Health's physical therapy service
Dimboola, May
New lifting device to improve outcomes for Lakeside Living residents
Edenhope, May
Recognition for collaborative research initiative with Deakin Rural Health
May
New staff accommodation opens
Horsham, June

2025-26 at a glance

Figures are correct at time of production

Emergency presentations

73,045

Ballarat - 54,842
Horsham - 18,203

Urgent Care presentations

6,346

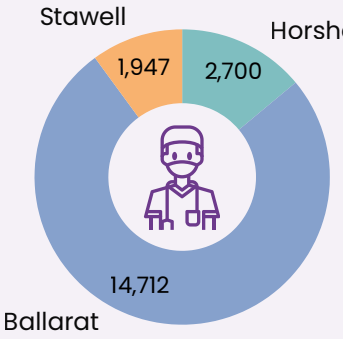
Stawell - 5,751
Edenhope - 595

Admissions to hospital

64,198

Ballarat - 50,116
Horsham - 10,977
Stawell - 3,002
Edenhope - 80
Dimboola - 23

Number of surgeries 19,359



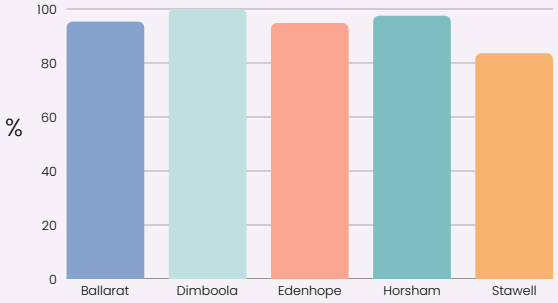


1,675
babies born

Ballarat - 1,455
Horsham - 220

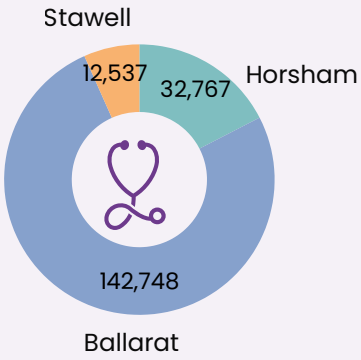
Occupancy of aged care communities

(as at 30 June 2026)



Outpatient appointments/clinics

188,052



17 schools

visited by the Smile Squad program, delivered locally through Grampians Health

Providing oral health services to

over 1,000 students





243
Active research projects

108 clinical trials | 135 non-trials

over
1.15 million
meals delivered by the Catering team across Grampians Health





150
published articles





1,658
patients

received some or all of their
care at home

Advancing regional cancer care

With one in three Victorians expected to be diagnosed with cancer before the age of 75, improving access to high-quality cancer care remains a priority for Grampians Health.

Since appointing the Grampians region's first dedicated Melanoma Nurse - initially funded by the Melanoma Institute of Australia and the Australian Government - we have been able to set up a Melanoma Supportive Service. The role has also been providing specialist support, education and care coordination for patients across our sites.

During the year we introduced a face-to-face psycho-oncology service at Horsham's Wimmera Cancer Centre, which has been in strong demand since its introduction. Previously delivered via telehealth through our Ballarat-based psychology team, the service supports patients experiencing the emotional and psychological impacts of cancer and has been strongly embraced by the local community.



Wimmera Cancer Centre ANUM Ivy Argallon is one of two oncology nurses at the centre who are trained to use the new Paxman scalp cooling system.

Through a partnership with national cancer organisation Omico, we are delivering comprehensive genomic profiling and treatment-matching services for patients with advanced and poor-prognosis cancers. By analysing the unique genetic makeup of individual tumours, patients can be matched with targeted therapies and innovative clinical trials, revolutionising how cancer is treated in regional and rural communities.

We are also contributing to a translational national research project to develop a rural-specific Optimal Care Pathway (OCP) for cancer patients. OCPs are nationally recognised guides to best practice cancer care across each stage of a patient's journey. The initiative aims to improve equity of care by addressing challenges commonly experienced in regional communities, including limited access to specialists, long travel distances and financial pressures.

With thanks to generous community donations, during the year we introduced a new scalp cooling system at Horsham's Wimmera Cancer Centre. Scalp cooling, or 'cold capping', is proven to be an effective way of combating chemotherapy-induced hair loss and can result in a high level of retention or completely preserve the hair.

In Ballarat, fundraising efforts by local Murray to Moyne team, the Velorats, enabled the purchase of the health service's first Microwave Ablation device. This innovative technology provides a minimally invasive treatment for renal cancer patients, using microwave energy to heat and destroy cancer cells. Fundraising through the annual Dry July campaign has also funded new treatment chairs for the Chemotherapy Day Unit, significantly improving the patient experience and service efficiency.

Another significant milestone was achieved through the $15 million Ballarat Regional Integrated Cancer Centre (BRICC) Major Radiotherapy Equipment Replacement Project, with the first patients successfully treated using one of two new linear accelerators (LINACs). The project includes refurbishment of the BRICC radiotherapy bunkers and installation of two state-of-the-art LINACs. The second machine is scheduled to come online later in 2026.



Grampians Health was awarded provisional certification as a Primary Stroke Centre in November 2025, and is working towards full certification in 2026.



Horsham Stroke Coordinator Deidre Rennick and Stroke Champion Emma Criddle using a Teledoc to communicate with Victorian Stroke Telemedicine.

Leading the way in stroke care

With the Grampians region experiencing a higher rate of people living with a stroke than the state average, our commitment to providing high-quality stroke care across the region has never been stronger.

During the year our Ballarat campus was formally recognised as a certified Primary Stroke Centre by the Australian Stroke Coalition, affirming that the care we provide aligns with national best practice and the strongest recommendations for stroke treatment.

We are now working towards obtaining full four-year Stroke Unit certification by the end of 2026.

A key enabler of this has been the introduction of both the Ballarat Stroke Coordinator role as well as the Grampians Regional Stroke Coordinator position, supporting timely treatment, improving stroke awareness, education, earlier access to rehabilitation, and helping patients return home sooner.

The Ballarat Stroke Coordinator position has been made possible in part by a generous donation from the River Birch Foundation.

The Grampians Regional Stroke Care Coordinator role, which is part of a broader initiative within the Grampians Local Health Services Network (GLHSN), is an innovative approach to improving stroke care within the region by sharing knowledge, experience, and resources, and creating a network that benefits all those affected by stroke.

The stroke team was formally recognised in June by Safer Care Victoria for achieving significant and sustained improvement as part of the Enhancing Stroke Care Collaborative, having reduced door-to-needle time by 30 minutes in Ballarat.

Meanwhile, Horsham's reputation for outstanding stroke care was once again on show, with the campus recognised at the 2025 Australian Stroke Coalition awards ceremony in Hobart.

The stroke team received a Certificate of Distinction recognising their quality of care, as well as a Certificate of Achievement for outstanding performance on case ascertainment, data quality and timeliness of data entry, and acknowledgement of significant improvement in rural retrieval times (Horsham to Melbourne).

The introduction of stroke champions in Horsham's emergency department has further elevated Horsham's position in stroke care. Recognising the importance of swift action in managing stroke, a number of ED nurses have nominated to be stroke champions who can provide extra support and guidance when a stroke coordinator is unavailable onsite.

Delivering excellence in maternity care

This year saw continued improvement in maternity care across the Grampians region, reflecting our ongoing commitment to delivering high-quality, evidence-based care and helping families achieve the best possible start in life.

A new model of care was introduced at the Horsham Maternity Outpatients Clinic, providing mothers with access to a dedicated midwife throughout both the antenatal and postnatal journey. The Midwifery Antenatal and Postnatal Service (MAPS) delivers greater continuity of care and supports improved maternal and neonatal outcomes based on contemporary best practice. This is the result of extensive planning and collaboration across multidisciplinary teams, ensuring expectant mothers receive personalised, consistent support before and after birth.

We also achieved a major milestone in maternity and newborn care, with the Horsham maternity program attaining Baby Friendly Health Initiative (BFHI) accreditation for the first time.

The accreditation follows 18 months of dedicated work across the organisation, with maternity teams in Horsham and Ballarat collaborating to strengthen clinical practices and prepare for the rigorous assessment process. Ballarat's maternity service, which has maintained BFHI accreditation for more than 20 years, provided valuable expertise and leadership throughout the journey, helping to ensure consistency in care and a shared commitment to excellence across both campuses.

BFHI accreditation recognises health services that protect, promote and support breastfeeding while ensuring all families receive respectful, evidence-based and compassionate care. For families across the Wimmera, this provides confidence that maternity care meets internationally recognised standards and supports parents throughout pregnancy, birth and early parenting.

During the year we successfully piloted a Virtual Hospital pilot program with The Royal Women's Hospital, further strengthening access to specialist maternity services. The initiative enabled women experiencing highly complex pregnancies to receive more of their care closer to home, reducing the need to travel to Melbourne while maintaining access to specialist expertise.

The program supported shared care between clinicians at both health services, enhancing the specialist obstetric services already available across the Grampians region.

We were also thrilled to welcome our first baby born through the Public Fertility Care Service this year. Working in partnership with The Royal Women's Hospital, we have been making IVF treatment easier to access by enabling patients to attend appointments locally at our Ballarat campus, reducing the need for travel while accessing care.



The Horsham Maternity Outpatients Clinic team has introduced the Midwifery Antenatal and Postnatal Service (MAPS), delivering greater continuity of care for Wimmera families.



Grampians Health intern Tessa Van Veenendaal, Board member Anthony Schache and CEO Dale Fraser inaugurate the new staff accommodation complex.

Building for our future

A number of important projects came to life this year, helping ensure Grampians Health has the infrastructure needed to meet growing community demand.

In Horsham, a new $8.3 million complex for staff accommodation was completed in partnership with Elmstone Property Group. Featuring 36 modern serviced apartments, the facility will help attract and retain healthcare workers by addressing a key barrier for new staff moving to the region.

At Wimmera Base Hospital, the relocation of the onsite pharmacy to a centrally located, purpose-built space has improved access and service delivery for staff and patients. Designed with safety, efficiency and collaboration in mind, the new pharmacy includes a modern dispensary, counselling room and upgraded workspaces.

A new retail pharmacy space has been constructed at the Ballarat Base Hospital, complementing the existing service of the hospital's pharmacy team which continues to supply medications to wards and hospital departments. Under the UFS Pharmacies banner, the retail space was opened in August 2026.

Construction was completed on Ballarat's new Youth Prevention and Recovery Care (YPARC) Centre, a purpose-built residential facility supporting young people aged 16 to 25 experiencing mental health challenges. The centre provides short-term treatment, care and support in a welcoming environment close to home.

The $655 million Ballarat Base Hospital Redevelopment reached a major milestone in May when the main tower reached its full height of 44 metres, marking completion of the concrete structure. Internal fit-outs are now underway, with construction on track for completion in 2027.

With healthcare demand continuing to grow, this investment is critical to meeting the future needs of our community. Once complete, the redevelopment will give us the capacity to treat at least 18,000 additional emergency patients and 14,500 additional inpatients each year.

Coinciding with the 'topping out' of Ballarat's main tower, a vibrant new artwork is offering a colourful glimpse into the future of healthcare.

On display near the hospital's main reception – and on the cover of this report – the pieces showcase imaginative visions of future healthcare through the eyes of local primary school students, from innovative technologies to welcoming, patient-centred spaces.



Edenhope Meaningful Life Coordinator Amanda Post (left) and Campus Manager Tricia McInnes (second from right) show off the accessibility features of Edenhope's new bus to residents Frances, Norma, Marie and Ron.

Support for our ageing population

With the new *Aged Care Act 2024* coming into effect on 1 November 2025, our Aged Care Services team undertook significant reform activities to prepare for transition requirements and identify opportunities for improvement to support regulatory readiness.

These efforts have positioned Grampians Health to meet the expectations of the new Act while continuing to deliver safe, high-quality, person-centred care that upholds the rights, wellbeing and independence of older people.

Central to the Act is the introduction of the Support at Home program, which replaces the previous Home Care Packages program. Designed to improve access to in-home services, the program supports older people to remain living safely, independently and confidently in their own homes for longer.

This year also marked the first full year of operation for the Aged Care Assessment Grampians service, which has simplified access to aged care services across the region. In partnership with Barwon Health and Bendigo Health, we are now delivering 70% of all Aged Care Assessments in the Grampians region.

We have seen significantly reduced assessment wait times and completed almost 4,000 assessments during the year, including Comprehensive Community Assessments, Hospital Assessments and Home Support Assessments. Our workforce has expanded to meet growing demand and improve service coverage across the region.

Our residential aged care communities have also continued to enrich residents' lives through the Meaningful Life program.

A generous donation from a local family saw the opening of the Pinnacle Picture Theatre at Stawell's Macpherson Smith aged care community – turning a disused room into a complete cinema experience with big screen, external audio system, bar and snacks, and popcorn making machine.

Meanwhile, the arrival of a new accessible bus, equipped with a wheelchair lift, has opened up a world of adventure for Edenhope residents at Lakeside Living. The bus plays an important role for residents as well as Day Centre clients, providing a vehicle for social connection, adventure and wellbeing.

In Ballarat, a number of our aged care communities are now using virtual reality (VR) goggles as a support for meaningful activities. While the goggles have their moments of fun for residents, the technology is proving to be a powerful wellbeing tool especially for residents living with cognitive impairment such as dementia. Calming scenes, meaningful connections to country, and reduced reliance on medication are just some of the benefits.

Creating a culturally safe health service

Grampians Health's First Nations Health Liaison team continues to strengthen culturally safe care and improve outcomes for First Nations patients across our campuses.

Leading the team is our new Director of First Nations Health, Emma Thurling, whose role builds on our ongoing commitment to improve health outcomes for First Nations peoples.

Emma, a proud Palawa woman, brings to the role more than a decade of experience at Grampians Health across multiple clinical areas. Her strong community connections and passion for advancing First Nations health are helping to embed culturally safe and culturally conscious care across the health service.

She leads a team of seven First Nations Health Liaisons who work across all our sites.

Complementing this team are the Infant, Child and Youth Koori Mental Health Liaison Officers, who make up part of the Grampians Mental Health and Wellbeing Service and also provide culturally appropriate care for First Nations peoples in the Grampians community.

Additionally, the Gariwerd Governance Committee continues to play a vital role in strengthening partnerships, supporting community engagement and enhancing First Nations leadership and governance across Grampians Health, helping to ensure First Nations voices remain central to decision-making and service improvement.

Alongside this work is the Aboriginal-led research project, *Creating culturally safe care pathways for Aboriginal and Torres Strait Islander people in a regional Emergency Department*, which commenced in Ballarat in 2025.

The project aims to reduce racism and improve cultural safety in the hospital environment.

Guided by the principles of *marra ngarrgoo, marra goorri* (The Victorian Aboriginal Health, Medical, and Wellbeing Research Accord) and Collaborative Community-Based Participatory Action Research (CBPAR), the project has two phases:

- Co-design a culturally safe care pathway and implementation plan
- Pilot implementation and evaluation of the care pathway.

Using yarning methodologies, a cultural protocol, 'Ways of Working', was developed to ensure local First Nations voices guided engagement with the research team. Community members gathered to yarn about evidence-based 'Ways of Change' to determine importance and priorities. First Nations study team members then analysed these pieces of work to inform a co-design workshop held in June 2026.

The workshop mapped community-determined priorities across the patient journey and identified strategies for implementation, creating the foundation for a culturally safe care pathway.

The project has strengthened relationships between Grampians Health and First Nations communities while building capacity for First Nations leadership and participation in research. As the project moves into its implementation and evaluation phase, it is expected to inform changes to care processes, models of care and policy, improving access to culturally and clinically safe emergency care for First Nations people in Ballarat.



First Nations Health Liaison Tenika Jelly, with the National Reconciliation Week display at Ballarat Base Hospital. Grampians Health proudly recognises culturally significant events and engages in activities for staff and community.



Regional clinical trial patients like Hamilton grandfather, Barry Baulch, can now receive innovative treatment and care via the new mobile clinical trials unit.

Improving healthcare through research and innovation

Grampians Health is ensuring more people across our region can benefit from research, innovation and new models of care closer to home.

We currently have 243 active research projects running across areas such as allied health, anaesthetics, cardiology, haematology, infectious diseases, intensive care medicine, medical oncology, mental health, neurology, obstetrics and gynecology, paediatrics, and renal medicine.

During the year our clinical trials team launched Australia's first mobile clinical trials unit, bringing research and care directly to regional and rural communities across western Victoria. The mobile unit enables research participants to access clinical trials closer to home, reducing travel while improving access, inclusion and health outcomes.

Equipped to support a wide range of trials, the mobile unit is helping increase regional participation in research, including among First Nations peoples. It also serves as a community engagement platform, raising awareness of the important role clinical research plays in advancing healthcare.

A key milestone during the year was the renewal of our partnership with Federation University, helping more students train, work and build their careers in the region.

A new jointly funded nursing academic leadership role will strengthen research, education and best-practice care across the Grampians region.

We have also teamed up with the University of Melbourne to trial an artificial intelligence (AI) transcription program that supports clinicians to document clinical notes more efficiently, giving them more time to focus on patient care.

Meanwhile, an innovative research program, Left Write Hook, is being rolled out locally by the Ballarat Centre Against Sexual Assault (CASA) as part of a large-scale University of Melbourne trial funded by the Medical Research Future Fund (MRFF). The trauma-informed program explores whether combining creative expression and physical movement can improve health outcomes and help survivors of childhood sexual abuse and gendered violence.

Supporting care through fundraising

Every donation we receive helps improve healthcare across the Grampians region. Our campuses have a generous network of Auxiliaries, Foundations, community groups and individuals who fundraise on our behalf. Whether it's a one-off donation, community event or a wider fundraising campaign, their generosity helps us deliver the best possible care close to home.

In 2025-26, community donations for Grampians Health exceeded $2.4 million, reflecting the continued commitment of our supporters to improving local healthcare.

These funds were used to purchase much-needed medical equipment, education and training uplifts and equipment, scholarships, outreach and patient transport vehicles plus many other vital projects that improve patient care across our campuses.

During the year, we celebrated the incredible contribution of the Y-Zetts to the Stawell Hospital, while also marking the conclusion of the group's activities. For 50 years, the Y-Zetts have raised funds and supported the hospital through countless community initiatives. While the group has formally disbanded, many members continue their involvement through the Stawell Ladies Auxiliary and Foundation.

We also farewelled the Queen Elizabeth Centre (QEC) Ladies Auxiliary in Ballarat, which has closed after more than 100 years of dedicated service. Throughout this time the Auxiliary supported the QEC's residential units and day centres through fundraising events, foyer stalls and community luncheons, making a lasting difference to residents and their families.

We sincerely thank both the Y-Zetts and the QEC Ladies Auxiliary for their decades of service and dedication to our Stawell and Ballarat health services. Their impact will always be remembered.

On a larger scale, since 2024 we have been working with the Ballarat volunteer philanthropic campaign committee to raise funds for two major projects that will benefit communities across the region.

Thanks to generous donor support, we have raised $4.1 million for the first stage of the construction of a Family Accommodation Village in Ballarat. The village will provide affordable, pet-friendly accommodation, helping families stay together during times of treatment and care.

The second project – raising funds to support the development of a purpose-built Clinical Research Centre – is the focus of our public phase of the appeal, *Care Closer to Home*, which launched in July 2026. To date, $1.4 million of the $6.6 million target has been received thanks to generous community members and organisations.

Based in Ballarat and serving the wider Grampians region, the centre will expand access to clinical trials, research and healthcare innovation, enabling more patients to benefit from world-class care closer to home. This important appeal will remain a key fundraising priority throughout 2026-27.

With gratitude we recognise our major fundraising partners, the Ballarat Health Services Foundation, Stawell Hospital Foundation, Wimmera Health Care Group Foundation, Stawell Hospital Auxiliary, Wimmera Base Hospital Ladies Auxiliary, and Wimmera Base Hospital Hospice Auxiliary.



Grampians Health CEO Dale Fraser (front left) with past Stawell Y-Zett members.

Volunteering in action

The kindness, generosity and dedication of our volunteers are felt across Grampians Health every day. With more than 300 active volunteers across our five campuses – 83 new volunteers joining us in 2025-26 – they play an essential role in supporting patients, families, staff and communities.

Volunteers contribute across a broad range of programs and services, with several new initiatives introduced throughout the year. These included volunteer administration roles providing additional support across departments, and a new program assisting the Quality team in Ballarat to conduct ward visits and collect data from patients to support ongoing service improvements and a better consumer experience.

Emergency department volunteers also continued to provide support, particularly during busy and high-pressure periods.

Gaining global attention during the year was our Hospital Elder Life Program (HELP), which supports older patients at risk of developing delirium during their hospital stay. This internationally renowned program was first implemented at our Ballarat campus in 2021 and is the first fully operational and officially recognised HELP program in Australia.

The program has grown to include over 25 volunteers who have provided more than 11,000 hours of engagement to over 6,000 patients at the Ballarat Base Hospital. Preparations are underway to roll out the program in Horsham in 2026-27.

Grampians Health has become a HELP training hub for other health services, and during the year clinicians from Singapore's National University Hospital visited Ballarat to learn from our model.

In Ballarat, volunteers continued to support healthcare education through a unique simulation program delivered in partnership with Grampians Health educators and Deakin University. By acting as patients in realistic clinical scenarios, volunteers help students build confidence and develop essential clinical skills.

In Horsham, the Wimmera Base Hospital Ladies Auxiliary Opportunity Shop remains a valued community asset, with its 25 local volunteers raising an incredible $110,000 during the financial year.

In Edenhope, Stawell and Dimboola, volunteers also play a vital role in supporting their local health service, generously giving back to their communities and helping to strengthen connections, care and wellbeing close to home.

Always driven to deliver the best possible care, our volunteers embraced induction, mandatory training and professional development opportunities, including Mental Health First Aid and tailored workshops on communication and professional boundaries.

Feedback from the annual Volunteer Survey continues to inform future planning, helping ensure a positive volunteer experience and ongoing service improvement.



Volunteer Coordinator Kellie McMaster (left) and Grampians Health Community Engagement Director Tamara Reynolds (right) with Dimboola volunteers Glenda (standing) and Jono (seated).

Values and Leadership

Our Vision

Grampians Health will be a trusted, progressive and innovative leader of regional and rural healthcare.

Our Values



Collaboration

We are stronger together.

Recognising and utilising strengths to share knowledge, solve problems, build relationships and deliver the best outcomes possible.



Accountability

We do what we say and say what we do.

Openness, honesty and transparency support us to be courageous, take responsibility for our actions and follow through on our commitments.



Innovation

We adapt and innovate to achieve best outcomes.

Everyday, we apply expertise and integrity to make responsible choices, always striving for continuous improvement.



Respect

We appreciate and value all people.

Our actions and words reflect our commitment to a safe and fair health service for all.



Compassion

We show that we care.

All people deserve to be treated with compassion, kindness and empathy.

Board of Directors

(as at 30 June 2026)



Cora Trevarthen

*Acting Board Chair**

Chair Remuneration Committee

GC Health Service Mgmt (UTas)
PG DIP Arts (UMelb), GAICD

Director since 2021

Appointed to 30/06/27



Rhian Jones

Board Director

Director since 2021

Appointed to 30/06/26



David Anderson

Deputy Chair

Chair Finance Committee

BComm, MComm (Finance), GAICD

Director since 2021

Appointed to 30/06/28



Heather Pickard OAM

Board Director

Chair Quality & Safety Committee

Division 1 RN, Post Grad (Addiction Studies, Org. Management)

Director since 2021

Appointed to 30/06/29



Jessica Dean

Board Director

BMedSci (Hons), MBBS (Hons),
LLB GAICD GDLP MACLM FCICM

Director since 2025

Appointed to 30/06/28



Anthony Schache

Board Director

Chair Infrastructure & IT Committee

BBus (Hons), MBA CPA CMA FGIA

Director since 2021

Appointed to 30/06/29



Nick Jones

Board Director

BSc, BMBS, Grad Dip (Clinical Education), FRACP CSANZ

Director since 2021

Appointed to 30/06/27

**Cora Trevarthen held the position of Acting Board Chair following the passing of Board Chair Rob Knowles in April 2026. Patty Kinnersly was appointed to the Board Chair position in August 2026, which falls outside of the reporting period for 2025-26.*

Executive structure



Dale Fraser
Chief Executive Officer

Leads the executive team of Grampians Health to achieve its strategic goals.

Veronica Furnier
Chief Redevelopment and Infrastructure Officer

Responsible for delivering infrastructure projects, building management and services, and capital projects and planning.





Eric Kochskamper
Chief Financial Officer

Responsible for finance and procurement, information management and technology, and payroll operations.

Dr Rob Grenfell
Chief Strategy and Regions Officer

Responsible for public health, project management, regional partnerships and strategic planning.





Leanne Shea
Chief Nursing and Midwifery Officer

Responsible for professional nursing and midwifery practices and standards.

Prof. Matthew Hadfield
Chief Medical Officer

Responsible for professional medical practices and standards, including legal services.





Claire Woods
Chief People Officer

Responsible for workforce, organisational development, volunteers, community engagement, fundraising, health and safety, wellbeing and employee relations.

Ben Kelly
Chief Operating Officer

Responsible for hospital operations, acute and sub-acute services, aged care communities, allied health, community programs and mental health.



Statement of Priorities

Strategic Priorities

In 2025-26, Grampians Health contributed to the achievement of the Victorian Government's commitments by:

Innovate and improve access and care		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Align with the Victorian Clinical 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.	Grampians Health's indicators for high-quality care remain within target range and are stable. Consumer participation in the Quality and Safety Committee is an important contribution, and routinely drives consideration of opportunities for service improvement. The Victorian Hospital Experience Survey indicators in the emergency departments and paediatric services are above the state average for consumer engagement.
	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.	Grampians Health has a strong reporting culture via the Victorian Health Incident Management System (VHIMS) system, with trend reporting delivered through all levels of Grampians Health including Board of Directors. Transparent disclosure to consumers, and routine reporting to the Quality and Safety Committee and Safer Care Victoria occurred throughout 2025-26, demonstrating the value we place on accountability for service and care delivered to our consumers.
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Comprehensive training programs, both online and face-to-face, are in place and continue to be refined and enhanced. Monitoring of outcomes via the Manager of Clinical Standards has developed and evolved in 2025-26, providing a foundation for ongoing improvement in the quality and breadth of training. The CORE program, delivered in partnership with Melbourne University's Melbourne Business School is developing our leaders, teaching them skills required to deal with difficult challenges such as patient access and flow and demand management.

Innovate and improve access and care		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement all relevant standards outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	All standards described in the STAEC have been implemented, improving the timeliness of ambulance and emergency care at Grampians Health.
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.	Surgical reform remained a focus in 2025-26, with non-surgical alternative care options, day surgery, enhanced patient support and digital innovation all progressing well. An example is the more than 1,000 cases of robot-assisted surgery that have occurred at Ballarat Base Hospital. Grampians Health achieved the planned surgery volume targets for 2025-26, with Stawell, Horsham and Ballarat campuses working collaboratively to ensure this outcome. Despite this, many patients are waiting longer than the recommended time for their procedure. Surgical reform therefore remains a priority going forward.
	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).	Surgical reform has included a review of existing waitlists in 2025-26. Communication using the 'Vickey' system to directly communicate with those on our waitlist is ensuring the list is up to date and reflects the true need of our community. Specialist clinic wait times are improving as a result. Capitalising on capacity at both Horsham and Stawell remains an opportunity going forward, and the Ballarat Base Hospital redevelopment will increase capacity once it is complete and operationalised.

Innovate and improve access and care		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	Progress mental health reform: Implement mental health services per department guidelines, and engage in reform related initiatives to improve access to community mental health services, crisis reforms, headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	In 2025-26 the adult acute inpatient mental health unit was upgraded to provide an environment more sympathetic and capable of providing care to vulnerable people, including those with gender sensitivity. The Intensive Care area was closed for nine months while extensive works were undertaken. Works were completed on the development of the Youth Prevention and Recovery Care (YPARC) centre in Ballarat, which will greatly improve the services available to young people in the Grampians region. YPARC is delivered in partnership with Wellways, a leading psychosocial support service across Victoria.
	Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.	The reduction of restrictive interventions was hampered by the Intensive Care area closure through much of 2025-26. However, now that the redeveloped facilities are available, sexual safety is greatly enhanced. Compulsory treatment has reduced significantly across the Grampians region, with investment in the Lived and Living Experience workforce ensuring we are always consumer-focused in our decision-making, and respectful of dignity and rights.
	Progress partnerships, whether through a formal partnership, MoU or exchange of letters, with local community-based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the Mental Health and Wellbeing Act 2022, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing.	Partnerships with community-based mental health service providers were a focus in 2025-26, including the delivery of YPARC in partnership with Wellways. A partnership with Uniting, in the delivery of care to those with enduring mental illness, continues to strengthen despite the absence of a Mental Health Local in the Grampians region. In 2025-26 our community mental health services in Ballarat relocated to a purpose-built contemporary environment in the Ballarat CBD. The delivery of community-based mental health care will be greatly enhanced by this consolidation of mental health services, and improvement in the overall community clinic aesthetic.

Prudent, sustainable and effective use of resources		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	Grampians Health's financial sustainability was strengthened in 2025-26, delivering more than $26.5M in benefits through a consolidated Budget Action and Financial Management Improvement Plan. This was supported by strong internal governance through the Financial Optimisation Performance Governance Committee, which continues to guide and monitor key improvement initiatives. Benefits were realised through improved productivity, strengthened procurement and sourcing strategies, and a continued focus on delivering better value for patients, communities and the broader health system. Revenue growth also remained a priority, with sustained investment in accurate clinical coding, improved activity capture and expanded commercial opportunities. The ongoing contribution of Grampians Health's Foundations continues to provide vital support for capital programs that benefit communities across the region.
	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.	We continue to strengthen our financial sustainability while maintaining our commitment to exceptional patient care and better outcomes for communities across the region. Through disciplined financial management, strong governance and a clear focus on value, we progressed a range of initiatives designed to improve efficiency, support workforce sustainability and maximise the impact of available resources. Key achievements included - ongoing review of supplier and vendor arrangements to ensure value for money, effective procurement and management of capital assets, implementation of environmental efficiencies, and continued investment in workforce utilisation and retention initiatives. These efforts were underpinned by robust financial risk management, enhanced data-driven analysis and improved forecasting, supporting informed decision-making and the responsible stewardship of public resources.

Prudent, sustainable and effective use of resources		
Goals	**Health Service Deliverables**	**Achievements/Outcomes**
	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.	Grampians Health exceeded the activity requirements needed to serve our community, reflecting the dedication of our people and our continued focus on delivering timely, high-quality care across the region. We continue to strengthen patient services through disciplined cost management, enhanced safety and quality measures, improved capacity and flow, and greater use of data to reduce avoidable delays and support a better experience for patients and families.

A stronger workforce		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	Grampians Health continued to strengthen workforce sustainability through a coordinated focus on attraction, retention, leadership capability, workforce safety and employee experience. Significant investment was made in building future workforce through graduate, international and regional workforce initiatives, while leadership development programs were expanded to strengthen capability across operational, clinical and executive leadership cohorts. Workforce planning, talent attraction and regional collaboration initiatives have improved our capacity to respond to workforce shortages and emerging service demands across the region. Employee wellbeing, psychosocial health and safety remained a key focus throughout the year. Actions were progressed arising from workforce safety reviews, systems strengthened for managing employee concerns and complaints, advanced psychosocial health requirements were implemented, and employee feedback and engagement data continued to inform local improvement initiatives. Progress was made on gender equality commitments including the 2025 Progress Report, development of the 2026 Gender Equality Action Plan, workforce compliance, leadership accountability, and the creation of a more inclusive and supportive workplace culture. Leadership development remained a strategic priority, with the CORE Collaborative Leadership program, masterclasses, coaching and targeted development activities supporting a culture of accountability, collaboration and continuous improvement across our health service.

A stronger workforce		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	We continued to strengthen workforce intelligence and strategic workforce planning through investment in contemporary workforce systems, improved reporting capability and greater use of workforce data to inform decision-making. The continued implementation and optimisation of SAP SuccessFactors has enhanced workforce visibility, supported greater data integrity and provided stronger foundations for workforce planning, performance management and organisational reporting. Regional implementation of workforce systems across Grampians Rural Health Alliance member organisations has also strengthened opportunities for shared workforce planning and regional collaboration. Workforce data from employee surveys, complaints, workforce planning activities, performance development processes and psychosocial risk assessments has been used to identify organisational trends, inform strategic priorities and support evidence-based decision-making. Enhanced reporting to Executive and governance committees has improved oversight of workforce risks, capability development, compliance and employee experience, enabling a more proactive and coordinated approach to workforce management. This has strengthened our ability to plan for future workforce requirements, respond to emerging workforce challenges and support delivery of safe, sustainable and high-quality healthcare services across the region.

Improving Aboriginal health and wellbeing		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	Aboriginal Cultural Awareness training is required for all employees at Grampians Health. Supplementary online modules are offered, addressing topics such as cultural safety, healthcare provision for First Nations peoples, and strategies to support a First Nations workforce. Face-to-face training is offered, focusing on cultural considerations in clinical care, and customised for particular clinical areas such as renal, mental health, and emergency.
	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.	We are continuing to foster partnerships with the Ballarat and District Aboriginal Co-operative (BADAC), which have received positive feedback for their cultural responsiveness and practical assistance. The Board Chairs and CEOs of Grampians Health and the three Aboriginal Community Controlled Health Organisations (ACCHOs) within the region continue to meet on a quarterly basis to discuss areas of further collaboration and service improvement. The actions of this meeting are subsequently reported to the Grampians Health Board for additional awareness and oversight.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	The Western Alliance research project, *Creating culturally safe care pathways for Aboriginal and Torres Strait Islander people in a regional Emergency Department,* continued this financial year, focused on co-designing a culturally safe care pathway with Aboriginal communities and Grampians Health stakeholders. This project is being piloted in Ballarat's emergency department, evaluating its feasibility, acceptability, and impact.

Moving from competition to collaboration		
Goal	**Health Service Deliverables**	**Achievements/Outcomes**
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	Grampians Health continued to deliver on the objectives agreed through the Local Health Service Network Statement of Expectations, strengthening regional collaboration, accountability and system-wide planning to improve access, equity and patient flow across the network. Key foundations have been established, including formal endorsement of regional Statements of Expectations by Board Chairs and Chief Executive Officers, recruitment of a new Executive Director for the Grampians Local Health Network commencing in August 2025, and continued development of detailed workplans, service level agreements and a clinical services plan. These initiatives are supporting clearer roles and responsibilities across agencies, coordinated workforce, safety and quality planning, and a stronger platform for sustainable regional service delivery. We are also working with network members to identify opportunities for greater shared services efficiency, including corporate functions such as payroll, procurement, people and culture, and transactional finance. This work will help improve consistency, responsiveness and long-term value across the region.

Performance priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza*	94%	95%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	0.645	0.717
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	100%	100%
Aged care		
Public sector residential aged care services overall star rating	Minimum 3 star rating	100%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	92.9%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice (Inpatient)	0%	2%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	Ballarat - 3% Horsham - 5%
Mental Health		
Patient experience		
Percentage of consumers who rated their overall experience with a service in the last three months as positive	80%	53.8%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	36.8%
Percentage of families/carers reporting they 'usually' or 'always' felt their opinions as a carer were respected	90%	68.4%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	68%
Follow-ups, readmissions, and seclusions		
Percentage of consumers followed up within 7 days of separation - Inpatient	88%	86%
Percentage of consumers re-admitted within 28 days of separation - Inpatient	14%	10%
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient	6	16.1

** Reporting period 7 April to 15 August 2025*

Timely access to care

Key performance measure	Target	Result
Planned surgery		
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%
Percentage of planned surgery patients admitted within the clinically recommended time	94%	82.8%
Number of patients admitted from the planned surgery waiting list	6,871	6,938
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	26.4%	40.8%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	1.34	1.30
Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	59%	Ballarat - 52% Horsham - 70%
Number of patients with a length of stay in the ED greater than 24 hours	0	Ballarat - 3,239 Horsham - 104
Average ED length of stay for admitted patients, in minutes	Ballarat- 863 Horsham - 528	Ballarat - 1,023 Horsham - 634
Average ED length of stay for non-admitted patients, in minutes	Ballarat - 272 Horsham - 240	Ballarat - 303 Horsham - 200
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	Ballarat - 28% Horsham - 47%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	Ballarat - 43% Horsham - 34%
Number of admitted mental health occupied bed days	16,258	15,314
Number of community mental health service hours	71,726	60,845
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	87.2%
Home-Based Care		
Percentage of admitted bed days delivered at home	7.9%	9.1%

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 questions	80%	71%*

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

Effective financial management

Key performance measure	Target	Result
Operating result ($m)	0.00	($2.85m)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.59
Variance between forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

Activity and funding

Grampians Health funding summary for 1 July 2025 - 30 June 2026

Funding Type	Achievement	Funding unit
Consolidated Activity Funding		
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	85,204	NWAU
Community mental health NWAU	5,828	NWAU
Acute Admitted		
Acute admitted DVA	213	NWAU
Acute admitted TAC	375	NWAU
Subacute/Non-Acute, Admitted and Non-admitted		
Subacute - DVA	31	NWAU
Transition Care - Bed days	9,766	Bed days
Transition Care - Home days	8,359	Home days
Aged Care		
Residential Aged Care	152,676	Bed days
HACC	17,178	Service hours
Mental Health and Drug Services		
Mental health ambulatory	1,655	Contacts
Mental health residential	6,002	Bed days
Mental health subacute	2,935	Bed days
Primary Health		
Community health / primary care programs	22,252	Service hours

Report of Operations

Workforce data

Hospitals labour category	JUNE current month FTE*		Average Monthly FTE*	
	2026	2025	**2026**	2025
Nursing	2,208	2,235	2,183	2,237
Administration and Clerical	861	850	832	878
Medical Support	118	80	150	82
Hotel and Allied Services	756	858	797	892
Medical Officers	87	60	65	57
Hospital Medical Officers	278	273	278	263
Sessional Clinicians	102	101	104	106
Ancillary Staff (Allied Health)	640	512	534	531
TOTAL FULL TIME EQUIVALENT (FTE)	**5,050**	4,969	**4,943**	5,046

** Notable variation between 2026 and 2025 comparative data is due to classification changes as part of a campus-wide change of payroll system.*

Workforce inclusion

Grampians Health employs over 7,200 staff members, who bring a broad range of skills, backgrounds, and experiences that contribute to the overall wellbeing of the communities we serve.

We promote a workplace culture grounded in respect, integrity, and accountability. Our organisational values guide staff conduct and decision-making, and we expect all employees to demonstrate these values consistently in their roles.

We continue to prioritise diversity, equity, and inclusion, recognising that a diverse workforce enhances our ability to respond to community needs. Initiatives to support inclusive practices and cultural safety are embedded across the organisation.

Throughout the year we established an Equity, Diversity and Inclusion committee and released our inaugural Equity, Diversity and Inclusion Plan. These actions strengthen the governance oversight and coordination of gender equality and broader equity initiatives. Through this structure, gender equality has been more consistently embedded across planning, policy development and implementation, alongside disability inclusion, cultural safety, First Nations equity and multicultural inclusion. This has supported shared accountability and alignment across portfolios.

Implementation of the Gender Equality Action Plan (GEAP) has increasingly been embedded as a core organisational practice at Grampians Health, rather than treated as a standalone compliance activity. Since the introduction of our first GEAP we have shifted from initial foundation-building toward more deliberate, evidence-informed and integrated action. Gender equality considerations are now routinely incorporated into workforce planning, recruitment and attraction strategies, leadership capability development, policy review processes and organisational governance forums.

The new iteration of our Gender Equality Action Plan was finalised in 2025-26 and will be released in the new year.

Occupational health and safety

Grampians Health maintains a strong focus on workplace safety, aligned with our strategic priorities. We continue to strengthen incident and hazard reporting practices while fostering a safe, supportive and resilient workplace culture. Significant initiatives are underway to enhance hazard prevention, early intervention, injury management, occupational violence prevention, and staff wellbeing.

Increased awareness and engagement amongst our workforce are contributing to stronger identification and reporting of workplace risks, supporting these initiatives.

Through a focus on prevention, staff wellbeing and continuous improvement, we are creating a safer and healthier workplace that enables our people to thrive and supports the delivery of safe, high-quality care for our communities.

Occupational health and safety statistics	2025-26	2024-25
Number of reported hazards/incidents for the year per 100 FTE	38.01	31.63
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.31	1.63
Average cost per WorkCover claim for the year	$60,186	$54,953

Occupational violence

We are committed to providing a safe environment for our staff, patients and visitors while delivering high-quality care to the communities we serve.

Instances of violence and aggression towards staff from the public remain a significant challenge for our workforce. Despite this, our levels of staff injury, illness or condition reduced from last year. During 2025-26 we continued to strengthen our capability in preventing and responding to Occupational Violence and Aggression (OVA) through organisation-wide training, improved incident management and follow-up processes, enhanced staff wellbeing supports, and focused improvement initiatives in areas of greatest risk.

Occupational violence statistics	2025-26	2024-25
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.22	0.27
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.44	1.43
Number of occupational violence incidents reported	995	708
Number of occupational violence incidents reported per 100 FTE	20.13	13.77
Percentage of occupational violence incidents resulting in staff injury, illness or condition	21.71	30.51

Definitions of occupational violence

- **Occupational violence** – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident** – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating are included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident is included.
- **Accepted WorkCover claims** – accepted WorkCover claims that were lodged in 2025-26.
- **Lost time** – defined as greater than one day.
- **Injury, illness or condition** – includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Social procurement framework

Grampians Health continues to pursue its Social Procurement Framework to ensure value-for-money considerations are not solely focused on price but encompass opportunities to deliver social and sustainable outcomes that benefit the Victorian community. For the 2025-26 financial year, Grampians Health prioritised the following social and sustainable objectives:

- opportunities for Victorian Aboriginal people
- opportunities for Victorians with disability
- opportunities for Victorian priority jobseekers
- environmentally sustainable business practices
- environmentally sustainable outcomes.

Direct spend with Social Benefit Suppliers

The table below summarises the number of Social Benefit Suppliers that Grampians Health engaged in 2025-26:

Objective	No. of suppliers engaged	Total expenditure ($)
Opportunity for Victorian Aboriginal people		
Purchasing from Victorian Aboriginal businesses	3	$23,815
Opportunities for Victorians with a disability		
Purchasing from Victorian social enterprises and Australian Disability Enterprises	5	$1,109,467
Opportunities for Victorian priority jobseekers		
Purchasing from Victorian social enterprises	2	$201,774
Sustainable Victorian social enterprise and Aboriginal business sectors		
Purchasing from Victorian social enterprises	10	$283,911
Purchasing from Victorian Aboriginal businesses	3	$23,815
Total Social Benefit Suppliers*	**15**	**$1,342,856**

** Social Benefit Suppliers may be identified under multiple Social Benefit Objectives. 'Total Benefit Suppliers' represents the total number of individual Social Benefit Suppliers engaged and total expenditure against those individual suppliers.*

Environmental sustainability and performance

The Grampians Health Environmental Sustainability Plan reinforces our commitment to the responsible use of environmental and financial resources. It guides our actions to become a resilient, net-zero carbon health service through a whole-of-system approach to sustainability.

We continue to explore ways to reduce waste and improve resource recovery. Initiatives include the collection and reprocessing of eligible single-use clinical items, diverting materials from waste and landfill streams to alternative pathways for remanufacturing. Regular collections encourage staff engagement and feedback, with positive participation contributing to the program's success. A soft plastic recycling trial is also capturing low-density polyethylene (LDPE) packaging for local recycling and reprocessing into durable products.

These initiatives demonstrate practical approaches to reducing waste, keeping materials in productive use and supporting a circular economy.

During the year, our Environmental Services team introduced an Australian-first peracetic acid-based infectious cleaning solution (BPODs), replacing traditional chlorine-based approaches. This positions Grampians Health as an industry leader in environmental cleaning innovation within the healthcare sector.

The following information summarises water, gas and electricity consumption across all Grampians Health sites during 2025-26, including clinical facilities and support services. This provides a transparent view of the organisation's total environmental footprint.

***ENVIRONMENTAL SUSTAINABILITY AND PERFORMANCE NOTES**: Environmental data can vary over time due to improvements with reporting or identification of new data sources. Sometimes estimates are used, often adjusted seasonally from the corresponding period of the previous year to calculate estimates. When actual data is received in the Environmental Data Management System (EDMS), it replaces estimates, contributing to year-on-year variances in environmental data.*

Electricity use

Electricity consumption increased by 7.7% in 2025-26 following lower consumption in the previous year, however is below the 2023-24 reporting period. A significant contributing factor has been the Ballarat Base Hospital redevelopment, in particular the new CEP (Central Energy Plant) building that was completed last financial year.

On-site solar generation increased by approximately 16% in 2025-26, with 65 MWh of solar electricity exported to the grid when generation exceeded on-site demand.

We significantly increased our use of renewable electricity, with renewable electricity certificates covering the equivalent of approximately 96% of total electricity consumption.

Electricity consumption [MWh]	2025-26	2024-25	2023-24
Purchased	23,175	21,519	24,225
Self generated	892	827	864
Total electricity consumption	**24,067**	22,346	25,089

On-site electricity generated [MWh]	2025-26	2024-25	2023-24
Consumption behind-the-meter Solar electricity	892	827	864
Exports Solar electricity	65	-	-
Total on-site electricity generated	**957**	827	864

Total electricity offsets [MWh]	2025-26	2024-25	2023-24
LGCs voluntarily retired on the entity's behalf	19,150	-	-
RPP (Renewable Power Percentage in the grid)	4,006	3,932	4,544
Total electricity offsets	23,156	3,932	**4,544**

Stationary energy

Stationary fuel is a combination of different fuel types including natural gas, diesel and LPG. These fuels are used for the heating, cooling, and management of building services.

Stationary fuel consumption remained broadly stable in 2025-26, with total consumption decreasing from previous years, primarily driven by lower natural gas consumption with the decommissioning of the boiler at the Horsham campus.

Total fuels used in buildings and machinery segmented by fuel type (MJ)	2025-26	2024-25	2023-24
Natural gas	128,266,983	132,191,203	165,086,794
LPG	2,147,595	2,333,465	2,400,946
Diesel	335,967	318,855	894,833
Total fuels used in buildings and machinery	**130,750,545**	134,843,523	**168,382,573**

Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2(t))	2025-26	2024-25	2023-24
Natural gas	6,610	6,812	8,507
LPG	130	141	145
Diesel	24	22	63
Greenhouse gas emissions from stationary fuel consumption	**6,764**	6,975	**8,715**

Transportation energy

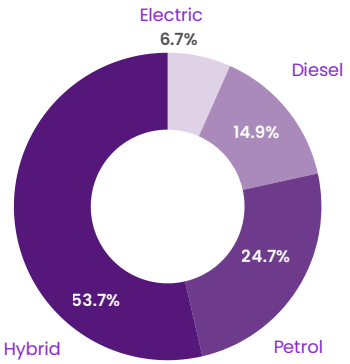
Total energy consumption from transportation decreased slightly by 0.8% in 2025-26, despite ongoing transport demands across Grampians Health's services and communities.

Petrol consumption fell by 2.5% and diesel consumption increased by 1.4%, reflecting greater use of diesel-powered support service vehicles across the region. The introduction of our first hybrid truck for the Linen team is expected to contribute to further reductions in fuel use and emissions as we look to modernise our fleet.

Transition continues towards lower-emission alternatives for fleet vehicles. Petrol-powered vehicles decreased from 85 to 63, while hybrid vehicles increased from 122 to 137 and electric vehicles grew from 3 to 17 — demonstrating ongoing progress in replacing internal combustion engine vehicles with more sustainable hybrid and electric options.

Greenhouse gas emissions from transportation (CO_2-e) dropped by 0.9%. While overall emissions remained relatively stable, the significant shift in fleet vehicles highlights the gradual move towards more efficient technologies. Opportunities will continue to be explored to optimise transport operations and expand the electric vehicle fleet, supporting greater operational efficiency and long-term emissions reduction goals.

Fleet vehicle summary



Fleet vehicle: Total energy used and greenhouse gas emissions

Diesel:
5,192,086 MJ
366 tonnes CO2-e

Petrol:
6,659,424 MJ
450 tonnes CO2-e

Greenhouse gas emissions

An increased use of renewable electricity certificates (LGCs*) significantly reduced reported net emissions for 2025-26, which fell by almost 60% compared with the previous year.

Stationary energy remained the largest source of Scope 1 emissions, and increased emissions from medical gases contributed to a rise in total reported Scope 1 emissions in 2025-26.

Definitions of scopes:

Scope 1 emissions — direct emissions generated from sources that are controlled or owned by us. These include emissions from burning fossil fuels, such as natural gas for heating or hot water, diesel for backup generators, and fuel used in vehicles.

Scope 2 (indirect) emissions — arise from the energy we purchase, including electricity sourced from the grid, where coal and gas-fired power is produced. We use this energy to operate essential systems, including heating, ventilation, and air conditioning.

Scope 3 (indirect) greenhouse gas emissions — arise outside of Grampians Health due to our activities, including waste disposal from our operations, and energy and water transmission and distribution.

Net greenhouse gas emissions [tonnes CO2-e]	2025-26	2024-25	2023-24
Gross greenhouse gas emissions	**28,660**	27,176	30,351
Purchased LGCs*	-17,618	-	-
Net greenhouse gas emissions	**11,042**	27,176	30,351

** LGC - Large-scale Generation Certificate*

Greenhouse gas emissions [tonnes CO2-e]	2025-26	2024-25	2023-24
Scope 1 GHG emissions from stationary fuel	6,763	6,976	8,715
Scope 1 GHG emissions from vehicle fleet	816	823	566
Scope 1 Medical/refrigerant gases	459	153	-
Scope 2 (Indirect electricity) greenhouse gas emissions	15,527	14,220	15,933
Scope 3 Waste emissions	1,919	1,917	1,943
Scope 3 Indirect emissions from stationary energy	2,671	2,513	2,691
Scope 3 Indirect emissions from transport energy	204	206	142
Water emissions	301	368	361
Total (gross) greenhouse gas emissions	**28,660**	27,176	30,351

Total energy use

Total energy use from stationary and transport fuels have reduced slightly in 2025-26. The total energy use from electricity increased by around 8% compared with 2024-25, however remained below 2023-24 levels.

The proportion of energy use attributed to renewable sources increased significantly in 2025-26, reflecting increased use of renewable electricity certificates.

Total energy use	2025-26	2024-25	2023-24
Total energy usage from fuels, including stationary fuels and transport fuels [MJ]			
Total energy usage from stationary fuels	130,750,544	134,843,523	168,382,573
Total energy usage from transport	11,851,510	11,952,689	8,245,359
Total energy usage from fuels, including stationary fuels and transport fuels	**142,602,054**	**146,796,212**	**176,627,932**
Total energy usage from electricity [MJ]			
Total energy usage from electricity	86,639,982	80,446,179	90,319,095
Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	86,572,667	17,133,351	19,468,136
Non-renewable	142,669,369	210,109,040	247,478,892
Units of Stationary Energy used normalised [MJ]			
Energy per unit of Aged Care OBD	1,059	1,095	1,323
Energy per unit of LOS	1,146	1,136	1,375
Energy per unit of bed-day	550	557	674
Energy per unit of Separations	3,448	3,526	4,429
Energy per unit of floor space	1,586	1,546	1,858

Water use

Total water consumption decreased by approximately 5% during the reporting period from the previous year. Water use efficiency also improved across all measures.

Water use	2025-26	2024-25	2023-24
Total units of metered water consumed by water source [kL]			
Potable water	214,584	224,743	215,179
Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector-specific quantity [kL]			
Water per unit of Aged Care	1.02	1.14	1.10
Water per unit of LOS	1.11	1.19	1.14
Water per unit of bed-day	0.53	0.58	0.56
Water per unit of Separations	3.35	3.68	3.68
Water per unit of floor space	1.54	1.61	1.55

Waste and recycling

A reduction in total waste generation was recorded during 2025-26, with overall rates of landfill, offsite treatment and recycling/recovery remaining stable from 2024-25. Recycling and resource recovery programs continue to divert significant volumes of material from landfill, with cardboard, commingled recycling and confidential paper representing the largest recovery streams.

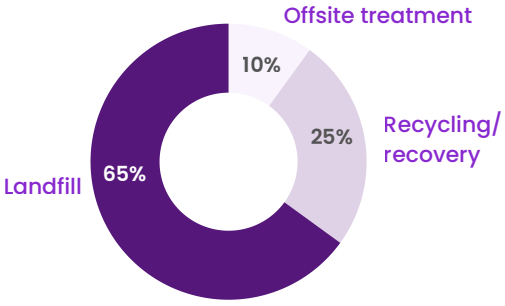
A continued focus on waste minimisation and resource recovery supports our commitment to improving environmental sustainability outcomes for the health service.

Waste and recycling	2025-26	2024-25	2023-24
Total units of waste disposed [kg]			
Landfill (total)			
General waste*	1,275,495	1,273,799	1,291,762
Offsite treatment			
Clinical waste - incinerated**	10,482	10,482	10,511
Clinical waste - sharps**	13,240	13,240	13,375
Clinical waste - treated**	180,505	180,505	182,481
Recycling/recovery (disposal)			
Batteries	500	701	301
Cardboard*	257,630	258,764	259,493
Commingled*	112,769	112,421	123,589
E-waste	2,734	1,663	3,554
Fluorescent tubes	-	1,203	-
Metals	7,805	17,348	-
Organics (food) **	4,928	4,928	84,240
Packaging plastics/films	1,900	1,400	5,200
Paper (confidential)	92,990	97,870	6,451
Paper (recycling)	3,101	2,809	5,600
PVC	1,590	2,557	3,003
Reused medical supplies and equipment	29	114	12
Reused textiles	113	116	-
Sterilisation wraps	5,078	4,885	4,526
Toner and print cartridges	217	41	552
Total units of waste disposed [kg]	**1,971,106**	**1,984,846**	**1,994,650**

** Data from HSV for general waste, commingled recycling, and cardboard is estimated based on the year prior.*
*** Accurate data for clinical waste and organics is unavailable at time of reporting. Estimates are based on last year's results.*

Waste and recycling	2025-26	2024-25	2023-24
Total waste to landfill per patient [kg/PPT]	2.36	2.45	2.53
Total waste to offsite treatment per patient [kg/PPT]	0.38	0.39	0.40
Total waste recycled and reused per patient [kg/PPT]	0.91	0.97	0.97
Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]	1,919	1,917	1,943

Waste and recycling rate 2025-26



Financial performance

Operating result

For the year ending 30 June 2026 Grampians Health recorded an operating deficit of $2.9 million, against a break-even budget.

During the 2025-26 financial year, the board, management and staff continued to ensure that Grampians Health provided exceptional patient care whilst implementing a number of initiatives to work towards financial sustainability.

The reported result excludes the impact of capital, depreciation (i.e. noting the health service is not directly funded for depreciation) and net results from its consolidated entities, the Grampians Health Rural Health Alliance.

Comparative results are provided below.

	2025-26 $'000	2024-25 $'000	2023-24 $'000	2022-23 $'000	1 Nov 2021-30 June 2022* $'000
Operating result	**(2,850)**	86	(26,004)	468	355
Total revenue	1,234,660	1,069,276	1,007,275	928,193	553,916
Total expenses	(1,101,980)	(1,018,313)	(962,134)	(902,765)	(561,503)
Net result from transactions	**132,680**	50,965	45,141	25,398	(7,587)
Total other economic flows	1,864	1,122	1,729	(1,861)	3,746
Net result	**134,544**	52,087	46,870	23,536	(3,481)
Total assets	1,378,990	1,214,209	1,110,295	797,071	780,447
Total liabilities	406,435	387,620	335,793	285,147	291,473
Net assets / Total equity	**972,555**	826,589	774,502	511,925	488,975

** Grampians Health was formed on 1 November 2021, thus the comparative FY 2021-22 figures do not represent a full year of operation. No comparative data is available prior to this.*

Net results from transactions

Reconciliation between the Net result from transactions to the Net operating result.

	2025-26 ($'000)
Operating result	**(2,850)**
Capital purpose income	196,113
Specific income	7,069
COVID-19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	-
State supply items consumed up to 30 June 2026	-
Expenditure for capital purpose	(3,037)
Depreciation and amortisation	(62,713)
Finance costs (other)	(0)
Net result from transactions	**132,680**

The Net operating result is the result for which the health service is monitored in its Statement of Priorities

Consultancies

Consultancies (under $10,000)

In 2025-26, there were 31 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies was $0.173m (excluding GST).

Consultancies ($10,000 or greater)

In 2025-26 there were 20 consultancies where the total fees payable to the consultants were equal to or greater than $10,000. The total expenditure incurred during 2025-26 in relation to these consultancies was $1.115m (excluding GST). Details of individual consultancies can be viewed at **www.gh.org.au**

Review and study expenditure

The total review and study expenditure incurred during 2025-26 was $0.507 million (excluding GST) with the detail shown below.

Review and study program	2025-26 estimated cost $'000	2025-26 actual cost $'000	Reasons for undertaking the review/study
Internal audit program	276	276	To provide independent assurance that Grampians Health's risk management, governance and internal control processes are operating effectively and in accordance with relevant legislative frameworks and standards.
External audit program	231	231	Provides an unbiased opinion on whether the financial statements of Grampians Health present a true and fair view of the health service's financial performance and position, in accordance with relevant legislative frameworks and standards.
Total	**507**	**507**	

ICT expenditure

The total Information and Communication Technology (ICT) expenditure incurred during 2025-26 was $29.79 million (excluding GST), with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excl. GST)	Total = Operational expenditure and capital expenditure	Operational expenditure (excl. GST)	Capital expenditure (excl. GST)
$21.70 million	$8.09 million	$1.28 million	$6.81 million

Grants and transfer payments

Grampians Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-26.

Disclosures

Building Act 1993

Grampians Health complies with building standards and regulations. All buildings constructed after 1994 have been designed to conform to the *Building Act 1993* and its regulations, as well as to meet our statutory regulations that relate to health and safety matters.

Grampians Health undertakes extensive Essential Safety Measures determined by the Occupancy Permits issued by the Building Surveyor to ensure all regulatory and safety standards on buildings, fire management systems, plant and equipment are maintained.

For 2025-26, we had a total of 35 projects greater than $50,000 that were either completed, in progress or in the process of commencing work.

No. of projects requiring a building permit	13
No. of certificate of occupancy/certificate of final inspection received	0
No. of certificate of occupancy/certificate of final inspection to be received at completion of works	14
Number of emergency orders and building orders for buildings	2
Number of buildings brought into conformity with building standards during the financial year	nil to report

National Competition Policy

As a public entity, Grampians Health has implemented and continues to compete fairly and equitably in its business processes.

Grampians Health is committed to transparent behaviour in this regard and is compliant with the Victorian Government's Competitive Neutrality Policy. In addition, the Victorian Government's Competitive Neutrality pricing principles have been applied to all significant business activities undertaken by Grampians Health. To date, no competitive neutrality complaints have been made or advised to Better Regulation Victoria.

Carers Recognition Act 2012

Grampians Health takes all practicable measures to ensure that our staff, and people in care relationships have an awareness and understanding of the care relationship principles outlined in the *Carers Recognition Act 2012.*

We recognise the valuable contribution of carers in our community and consider their role in policy, program, and service planning. Grampians Health aligns its actions with the Victorian Carer Strategy 2025-35 and ensures that local initiatives remain consistent with statewide priorities.

Public Interest Disclosure Act 2012

Grampians Health had no disclosures notified to the IBAC under section 21(2) of the *Public Interest Disclosure Act 2012* in the period 1 July 2025 to 30 June 2026.

Safe Patient Care Act 2015

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

Emergency Procurement and Procurement Complaints Disclosures

Procurement complaints
In accordance with FRD 22, no procurement complaints were received by Grampians Health during the reporting period. Accordingly, there are nil matters to report in relation to procurement complaints.

Emergency procurement
In accordance with FRD 22, emergency procurement was not activated by Grampians Health during the reporting period and no expenditure was incurred for emergency procurements. Accordingly, there are nil matters to report in relation to emergency procurement.

Car parking fees

Grampians Health complies with the relevant hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at **www.gh.org.au** (applies to Ballarat campus only).

Disclosures

Local Jobs First Act 2003

The Local Jobs First Policy relates to the participation by local industry in projects, developments, procurements and other initiatives.

The Local Jobs First Policy objectives are to:

- promote employment and business growth by expanding market opportunities for local industry
- provide contractors with increased access to, and raised awareness of local industry capability
- expose local industry to world's best practice in workplace innovation, e-commerce and use of new technologies and materials
- develop local industry's international competitiveness and flexibility in responding to changing global markets by giving local industry a fair opportunity to compete against foreign suppliers.

The application of the Local Jobs First Policy is consistent with the following principles relating to procurement, tendering and the provision of financial assistance by the state:

- the provision of open, clear and accountable tendering mechanisms and processes
- value for money considerations in purchasing and supply decisions over the life of a good, service or construction project.

Standard projects commenced
During 2025-26, Grampians Health commenced 6 Local Jobs First projects comprising 6 standard projects and 0 strategic projects totalling $21.0M in value.

All projects were conducted in regional Victoria with local content commitment. None of these projects met the criteria (>$20M in value) for the major project skills guarantee (MPSG) to be applied.

The outcomes expected from the implementation of the Local Jobs First Policy to these projects where information was provided are as follows:

- an average of 83.86% of local content commitment was made
- a total of 35.86 full-time equivalent jobs were committed including the employment creation of 8.87 FTE (and the employment retention of 26.99 FTE)
- employment creation and retention for employees was 34.50 FTE, apprentices 0.60 FTE, trainees 0.38 and cadets 0.37 FTE.

52 small-to-medium sized businesses were engaged through the supply chain on commenced standard projects.

Standard projects completed
Grampians Health has completed 8 standard Local Jobs First projects comprising 2 from the 2023-24 financial year, 2 from the 2024-25 financial year and 4 from the 2025-26 financial year.

Strategic projects commenced and completed
Grampians Health did not commence and complete any strategic Local Jobs First projects.

Local Jobs First Reporting				Apprentice Roles		Trainee Roles		Cadet Roles		Employee Roles	
Number projects	Av. Local Content	Total Contract Value	No. SME Engaged	Created	Retained	Created	Retained	Created	Retained	Created	Retained
6	83.86%	$21.0m	52	0.09	0.51	0.38	0	0.37	0	8.03	26.48

Disclosures

Freedom of Information Requests

Grampians Health complies with the Victorian *Freedom of Information Act 1982* (FOI). During 2025-26, Grampians Health received 1,344 applications. Of these requests, one was from the media and the remainder from the general public.

Grampians Health made 1,278 FOI decisions during the 12 months ended 30 June 2026, where access to documents was granted in full, in part or denied in full.

There were 1,082 decisions made within the statutory time periods. Of the decisions made outside time, 165 were made within a further 45 days and 26 decisions were made in greater than 45 days.

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

Information on how to submit an FOI is available at **www.gh.org.au**

Additional information available on request

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

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

- a statement that declarations of pecuniary interests have been duly completed by all relevant officers
- details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary
- details of publications produced by the entity about itself, and how these can be obtained
- details of changes in prices, fees, charges, rates, and levies charged by the entity
- details of any major external reviews carried out on the entity
- details of major research and development activities undertaken by the entity
- details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services
- details of assessments and measures undertaken to improve the occupational health and safety of employees
- a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes
- a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved, and
- details of all consultancies and contractors including:
  (i) consultants/contractors engaged;
  (ii) services provided; and
  (iii) expenditure committed to for each engagement.

This information is available on request from **CEO@gh.org.au**

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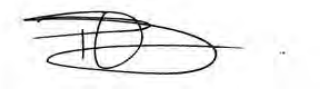
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Attestations & Declarations

Grampians Health Financial Management Compliance Attestation Statement

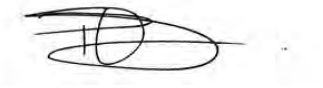
I, Patty Kinnersly, on behalf of the Responsible Body, certify that Grampians Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Patty Kinnersly
Chair, Board of Directors
Grampians Health
30 September 2026

Asset Management Accountability Framework Declaration

I, Patty Kinnersly, on behalf of the Responsible Body, certify that Grampians Health complies with the mandatory requirements of the Asset Management Accountability Framework (AMAF).



Patty Kinnersly
Chair, Board of Directors
Grampians Health
30 September 2026

Conflict of Interest Declaration

I, Dale Fraser, certify that Grampians 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 Grampians 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.



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2026

Health Share Victoria (HSV) Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2026

Data Integrity Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2026

Integrity, Fraud and Corruption Declaration

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



Dale Fraser
Chief Executive Officer
Grampians Health
30 September 2026

Grampians Health

Financial Statements

30 June 2026

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

The attached financial statements for Grampians 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 for the year ended 30 June 2026 and the financial position of Grampians Health at 30 June 2026.

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

We authorise the attached financial statements for issue on 30 September 2026.

Ms Patty Kinnersly
Chair, Board of Directors

Grampians Health

Ballarat
30 September 2026

Mr Dale Fraser
Chief Executive Officer

Grampians Health

Ballarat
30 September 2026

Mr Eric Kochskamper
Chief Financial Officer

Grampians Health

Ballarat
30 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Grampians Health

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

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 «Governing_Body_Name»
- conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the health service's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the health service to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
1 October 2026

Grampians Health
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	813,912	674,966
Government grants	2.1	384,780	357,873
Other sources of income	2.1	35,968	36,438
Total revenue and income from transactions		**1,234,660**	**1,069,277**
Expenses from transactions			
Employee expenses	3.1	(783,361)	(734,666)
Supplies and consumables	3.1	(147,481)	(126,016)
Depreciation and amortisation	4.1 (a) (b) (c)	(63,713)	(62,089)
Other operating expenses	3.1	(107,425)	(95,541)
Total expenses from transactions		**(1,101,980)**	**(1,018,312)**
Net result from transactions – net operating balance		**132,680**	**50,965**
Other economic flows included in the net result			
Net gain on sale of non-financial assets		312	872
Net gain on financial instruments		(1,193)	497
Other gain / (loss) from other economic flows		2,745	(247)
Total other economic flows included in the net result		**1,864**	**1,122**
Net result		**134,544**	**52,087**
Other economic flows – other comprehensive income			
Items that will not be reclassified to net result			
Total other comprehensive income		**-**	**-**
Comprehensive result		**134,544**	**52,087**

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

Grampians Health
Balance Sheet
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.2	96,161	110,997
Receivables	5.1	104,324	89,864
Contract assets	5.2	8,487	4,378
Investments and other financial assets	5.3	23,761	21,960
Total financial assets		**232,733**	**227,199**
Non-financial assets			
Prepayments		6,734	6,051
Inventories		2,589	2,318
Property, plant and equipment	4.1	1,128,987	975,288
Intangible assets	4.2	7,947	3,353
Total non-financial assets		**1,146,257**	**987,010**
Total assets		**1,378,990**	**1,214,209**
Liabilities			
Payables	5.4	126,253	129,162
Contract liabilities	5.5	4,795	6,055
Borrowings	6.1	18,025	15,434
Employee benefits	3.1(b)	190,846	174,774
Monies held in trust	5.6	66,516	62,195
Total liabilities		**406,435**	**387,620**
Net assets		**972,555**	**826,589**
Equity			
Property, plant and equipment revaluation surplus		301,403	301,403
Restricted specific purpose reserve		2,301	3,041
Contributed capital		419,099	407,677
Accumulated surplus		249,752	114,468
Total equity		**972,555**	**826,589**

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

Grampians Health

Statement of Changes in Equity

For the Financial Year Ended 30 June 2026

	Property, plant and equipment revaluation surplus $'000	Restricted specific purpose reserve $'000	Contributed capital $'000	Accumulated surplus / (deficit) $'000	Total $'000
Balance at 1 July 2024	**301,403**	**3,041**	**407,677**	**62,381**	**774,502**
Net result for the year	-	-	-	52,087	52,087
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2025	**301,403**	**3,041**	**407,677**	**114,468**	**826,589**
Net result for the year	-	(740)	11,422	135,284	145,966
Other comprehensive income for the year	-	-	-	-	-
Balance at 30 June 2026	**301,403**	**2,301**	**419,099**	**249,752**	**972,555**

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

Grampians Health
Cash Flow Statement
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Operating grants from Government, State		771,336	716,341
Operating grants from Government, Commonwealth		145,946	125,703
Capital grants from Government, State		15,102	21,118
Donations and bequests received		4,533	3,370
Patient and resident fees		24,612	25,087
Interest and investment income received		5,313	5,869
GST received from the ATO		19,949	17,302
Other receipts		68,404	56,814
Total receipts		**1,055,195**	**971,604**
Employee expenses paid		(764,005)	(718,893)
Supplies and consumables paid		(167,820)	(120,575)
Other payments		(102,681)	(92,670)
Total payments		**(1,034,506)**	**(932,138)**
Net cash flows from operating activities		**20,689**	**39,466**
Cash flows from investing activities			
Purchase of property, plant and equipment		(39,994)	(25,122)
Proceeds from disposal of property, plant and equipment		(1,865)	(1,122)
Net cash flows from / (used in) investing activities		**(41,859)**	**(26,244)**
Cash flows from financing activities			
Proceeds from borrowings		7,345	7,602
Repayment of borrowings		(4,754)	(2,889)
Receipt of accommodation deposits		23,224	23,317
Repayment of accommodation deposits		(19,481)	(22,675)
Net cash flows from / (used in) financing activities		**6,334**	**5,355**
Net increase / (decrease) in cash and cash equivalents held		**(14,836)**	**18,577**
Cash and cash equivalents at beginning of year		110,997	92,420
Cash and cash equivalents at end of year	6.2	**96,161**	**110,997**

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

Note 1 About this report

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

Grampians Health is a not-for-profit entity established as a public agency on 1 November 2021 under the Health Services Act 1998 (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.

Structure

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Note 1.4	Economic dependency	64

Note 1.1 Basis of preparation

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

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

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

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

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Grampians 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 Grampians Health on 30 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 Grampians Health.

Grampians Health's principal address is:
Drummond Street North
Ballarat Victoria, 3350

Note 1.4 Economic dependency

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

Note 2 Funding delivery of our services

Grampians Health's overall objective is to provide quality health service that support and enhance the wellbeing of all Victorians.

Grampians Health is predominantly funded by grant funding for the provision of services and also receives income from the supply of services.

Structure

Note 2.1	Revenue and income from transactions	66

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	813,912	674,966
Government grants	2.1(b)	384,780	357,873
Other sources of income	2.1(c)	35,968	36,438
Total revenue and income from transactions		**1,234,660**	**1,069,277**

Note 2.1 (a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government Grants, State – Operating	590,448	477,473
Government Grants, Commonwealth – Operating	145,946	125,703
Patient and resident fees	26,188	24,702
Commercial activities [i]	51,330	47,088
Total revenue from contracts with customers	**813,912**	**674,966**

[i] Commercial activities represent business activities which Grampians Health enters to support its operations.

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 *Revenue from Contracts with Customers*.

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

Grampians Health 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 Grampians Health's revenue streams, with information detailed below relating to Grampians Health's material revenue streams:

Government grant	Performance obligations
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Pharmaceutical Benefits Scheme (PBS) funding	The performance obligations for PBS funding are recognised as defined Pharmaceutical prescriptions or orders are processed that satisfy and are completed in accordance with the Commonwealth PBS guidelines. Revenue is recognised at a point in time, which is when a patient's prescription is processed and is in accordance with the criteria set out in the PBS regulations.

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 grants, State – Operating	188,668	242,393
Government grants, State – Capital	196,112	115,480
Total Government Grants	**384,780**	**357,873**

How we recognise Government grants

Government grants

Grampians Health recognises income of not-for-profit entities under AASB 1058 *Income of Not-for-Profit Entities* 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 Grampians Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition or the asset, Grampians 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 Grampians 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 Grampians 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

	2026 $'000	2025 $'000
Other capital purpose income	4,533	3,370
Other income from operating activities	24,321	24,094
Non-operating activities	7,114	8,185
Assets received free of charge or for nominal consideration	-	789
Total Other Sources of Income	**35,968**	**36,438**

Note 3 The cost of delivering our services

This section provides an account of the expenses incurred by Grampians Health 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

Note 3.1	Expenses incurred in the delivery of services	70

Note 3.1 Expenses incurred in the delivery of services

		2026 $'000	2025 $'000
Employee expenses	3.1(a)	783,361	734,666
Supplies and consumables	3.1(c)	147,481	126,016
Other operating expenses	3.1(d)	107,425	95,541
Total expenses incurred in the delivery of services		**1,038,267**	**956,223**

Note 3.1 (a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	591,817	565,424
Defined contribution superannuation expense	72,435	64,214
Other on-costs	111,739	99,623
Agency expenses	7,370	5,405
Total employee expenses	**783,361**	**734,666**

How we recognise employee expenses

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

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

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

Note 3.1 (b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	2,129	2,103
Annual leave	64,969	58,049
Long service leave	85,518	76,889
Provision for on-costs	20,928	17,903
Total current provisions for employee expenses	**173,544**	**154,944**
Non-current provisions for employee benefits		
Long service leave	15,112	17,327
Provision for on-costs	2,190	2,503
Total non-current provisions for employee expenses	**17,302**	**19,830**
Total provisions for employee expenses	**190,846**	**174,774**

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 Grampians 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 Grampians Health expects to wholly settle within 12 months; or
- Present value - If Grampians 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 Grampians 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 Grampians Health expects to wholly settle within 12 months; or
- Present value - If Grampians 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
Medical and surgical supplies	78,055	65,695
Drug supplies	42,576	38,486
Pathology supplies	13,101	9,083
Other supplies and consumables	13,749	12,752
Total supplies and consumables	**147,481**	**126,016**

How we recognise other Supplies and Consumables

Supplies and consumables

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

Note 3.1 (d) Other operating expenses

	2026 $'000	2025 $'000
Operating expenses		
Fuel, light, power and water	8,063	9,005
Repairs and maintenance	18,788	17,058
Medical indemnity insurance	14,570	12,247
Expenditure for capital purpose	3,665	5,356
Other administration expenses	62,339	51,875
Total operating expenses	**107,425**	**95,541**

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.

Operating expenses

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

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

Note 4 Key assets to support service delivery

Grampians 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 Grampians Health to be utilised for delivery of services.

Structure

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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	51,425	51,425	-	-	51,425	51,425
Land at fair value - Freehold	40,268	40,268	-	-	40,268	40,268
Buildings at fair value	811,263	789,734	(96,192)	(47,754)	715,070	741,980
Works in progress at cost	267,440	90,936	-	-	267,440	90,936
Plant, equipment and vehicles at fair value	74,178	72,254	(44,057)	(40,517)	30,121	31,738
Medical equipment	77,270	66,479	(52,608)	(47,537)	24,662	18,942
Total property, plant and equipment	**1,321,844**	**1,111,096**	**(192,857)**	**(135,808)**	**1,128,987**	**975,288**

How we recognise property, plant and equipment

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

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

The works in progress balance predominantly relates to the Ballarat Base Hospital Redevelopment. The project is being delivered by the Victorian Infrastructure Delivery Authority (VIDA) and funded by the Department of Health. The balance represents the value of works completed to date that are expected to be transferred to Grampians Health as a non-cash asset contribution upon completion of the redevelopment, which is currently expected during 2027.

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

	Land $'000	Buildings $'000	Work in progress $'000	Plant and equipment $'000	Medical equipment $'000	Total $'000
Balance at 1 July 2025	**91,690**	**734,222**	**90,936**	**24,642**	**18,942**	**960,432**
Additions	-	11,712	186,743	1,901	11,280	211,637
Net transfers between classes	-	6,238	(10,239)	2,483	1,519	-
Disposals	-	-	-	(52)	(21)	(73)
Depreciation	-	(47,366)	-	(5,822)	(7,058)	(60,246)
Balance at 30 June 2026	**91,690**	**704,806**	**267,440**	**23,152**	**24,662**	**1,111,750**

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, Grampians 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 next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Grampians Health's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land	3	3	-	-	3	3
Buildings at fair value	13,030	9,451	(2,767)	(1,694)	10,263	7,757
Plant, equipment and vehicles at fair value	10,723	11,403	(3,752)	(4,307)	6,971	7,096
Total right-of-use assets	**23,756**	**20,857**	**(6,519)**	**(6,001)**	**17,237**	**14,856**

	Land $'000	Buildings $'000	Plant and equipment $'000	Total $'000
Balance at 1 July 2025	3	**7,757**	**7,096**	**14,856**
Additions	-	4,874	2,226	7,100
Net transfers between classes	-	-	-	-
Assets held for sale	-	-	74	74
Disposals	-	(825)	(548)	(1,373)
Depreciation	-	(1,543)	(1,877)	(3,421)
Balance at 30 June 2026	3	10,263	6,971	17,237

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

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

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

Note 4.1 (c) Impairment of property, plant and equipment

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

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

Note 4.2 Intangible assets

	Software 2026 $'000	Intangible Work in Progress 2026 $'000	Total 2026 $'000
Gross carrying amount			
Opening Balance	929	3,260	4,189
Additions	19	4,621	4,640
Closing Balance	**948**	**7,881**	**8,829**
Accumulated amortisation and impairment			
Opening Balance	(836)	-	(836)
Additions	(46)	-	(46)
Closing Balance	**(882)**	**-**	**(882)**
Net carrying value at the end of the financial year	**66**	**7,881**	**7,947**

How we recognise intangible assets

Initial recognition

Purchased intangible assets are initially recognised at cost.

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

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

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

Subsequent measurement

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

Impairment

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Note 4.3 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	5 - 50 years	5 - 50 years
Leasehold buildings	3 - 20 years	3 - 20 years
Plant, equipment and vehicles (including leased assets)	1 - 20 years	1 - 20 years
Intangible assets	3 - 5 years	3 - 5 years

Note 5 Other assets and liabilities

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

Structure

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Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Trade debtors		44,390	36,274
Deposits paid		525	151
Allowance for impairment losses of contract receivables		(4,473)	(3,702)
Total contractual receivables		**40,442**	**32,723**
Statutory			
GST receivable		1,867	1,745
Total statutory receivables		**1,867**	**1,745**
Total current receivables		**42,309**	**34,468**
Non-current receivables			
Contractual			
Long service leave – Department of Health		62,015	55,396
Total non-current receivables		**62,015**	**55,396**
Total receivables		**104,324**	**89,864**
Total receivables		104,324	89,864
GST receivable		(1,867)	(1,745)
Total financial assets classified as receivables	7.1	**102,457**	**88,119**

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 Contract assets

	Note	2026 $'000	2025 $'000
Current			
Contract assets		8,487	4,378
Total current contract assets		8,487	4,378
Total contract assets	7.1	**8,487**	**4,378**

How we recognise contract assets

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

Note 5.3 Investments and other financial assets

	Operating Fund		Specific purpose fund	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Current Investments and other financial assets				
Financial assets at Fair Value through net result				
Equities	1,334	1,231	-	-
Fixed bonds and floating rate notes	-	-	-	3,041
Total current investments and other financial assets	**1,334**	**1,231**	**-**	**3,041**
Total investments and other financial assets	**1,334**	**1,231**	**-**	**3,041**
Represented by:				
Grampians Health investments	1,334	1,231	-	3,041
Monies held in trust				
- Patient monies held in trust	-	-	-	-
- State Wide Equipment Program	-	-	-	-
- Grampians Integrated Cancel Services	-	-	-	-
Total investments and other financial assets	**1,334**	**1,231**	**-**	**3,041**

How we recognise investments and other financial assets

Grampians Health's investments and other financial assets are made in accordance with Standing Direction 3.7.2 - Treasury Management, including the Central Banking System.

Grampians Health manages its investments and other financial assets in accordance with an investment policy approved by the Board.

Investments are recognised when Grampians Health enters into a contract to either purchase or sell the investment (i.e. when it becomes a party to the contractual provisions to the investment). Investments are initially measured at fair value, net of transaction costs.

Grampians Health classifies its other financial assets between current and non-current assets based on the Board's intention at balance date with respect to the timing of disposal of each asset. Term deposits with original maturity dates of three to twelve months are classified as current, whilst term deposits with original maturity dates in excess of 12 months are classified as non-current.

All financial assets, except for those measured at fair value through the Comprehensive Operating Statement, are subject to annual review for impairment.

Trust Fund		Total	
2026 $'000	2025 $'000	2026 $'000	2025 $'000
-	-	1,334	1,231
22,427	17,688	22,427	20,729
22,427	**17,688**	**23,761**	**21,960**
22,427	**17,688**	**23,761**	**21,960**

21,339	16,491	22,673	20,763
4	16	4	16
75	79	75	79
1,009	1,102	1,009	1,102
22,427	**17,688**	**23,761**	**21,960**

Note 5.4 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		78,208	75,050
Accrued salaries and wages		19,596	16,312
Accrued expenses		11,582	11,050
Deferred capital grant revenue	5.4 (a)	16,867	26,750
Total contractual payables		**126,253**	**129,162**
Total current payables		**126,253**	**129,162**
Financial liabilities classified as payables			
Total payables		126,253	129,162
Deferred grant income		(16,867)	(26,750)
Total financial liabilities classified as payables	7.1	**109,386**	**102,412**

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 Grampians 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 60 days.

Note 5.4(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	**26,750**	**21,232**
Grant consideration for capital works that was included in the deferred grant liability balance (adjusted for AASB 1058) at the beginning of the year	-	-
Grant consideration for capital works received during the period	27,869	24,857
Deferred grant revenue recognised as income due to completion of capital works	(37,752)	(19,339)
Closing balance of deferred capital grant income	**16,867**	**26,750**

How we recognise deferred capital grant income

Grant consideration was received from Department of Health and the Commonwealth Government for various capital projects and equipment purchases.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Grampians Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works. As a result, Grampians Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Note 5.5 Contract liabilities

	2026 $'000	2025 $'000
Current		
Contract liabilities	4,673	5,933
Total current contract liabilities	**4,673**	**5,933**
Non-current		
Contract liabilities	122	122
Total non-current contract liabilities	**122**	**122**
Total contract liabilities	**4,795**	**6,055**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers for operational programs, where these services are to be provided over a specified time frame. The balance of contract liabilities was slightly lower than the previous reporting period due to timing of receipts.

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

Note 5.6 Monies held in trust

	Note	2026 $'000	2025 $'000
Current			
Monies held in trust			
Refundable Accommodation Deposit (RAD)		65,428	60,998
Other monies held in trust		1,088	1,197
Total monies held in trust		**66,516**	**62,195**
Monies held in trust represented by:			
Other financial assets		19,386	17,688
Cash and cash equivalents	6.2	47,130	44,507
Total monies held in trust		**66,516**	**62,195**

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

RADs / 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 Grampians Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Grampians 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

Note 6.1	Borrowings	90
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Note 6.1 Borrowings

	Note	2026 $'000	2025 $'000
Current borrowings			
Lease liability	6.1(a)	4,754	3,897
Department of Health, loan		-	118
Total current borrowings		**4,754**	**4,015**
Non-current borrowings			
Lease liability	6.1(a)	13,271	11,419
Total non-current borrowings		**13,271**	**11,419**
Total borrowings		**18,025**	**15,434**

How we recognise borrowings

Borrowings refer to interest bearing liabilities mainly raised from funds raised through lease liabilities and other interest-bearing arrangements.

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

Terms and conditions of borrowings

	Note	Weighted average interest rate (%)	Carrying amount $'000	Nominal amount $'000	Maturity dates: Less than 1 month $'000	1-3 month $'000	3 month - 1 year $'000	1-5 years $'000	Over 5 years $'000
30 June 2026									
Lease liabilities	6.1	5%	18,025	21,560	398	1,195	3,186	8,407	4,849
Advances from government	6.1	-	-	-	-	-	-	-	-
Total financial liabilities			**18,025**	**21,560**	**398**	**1,195**	**3,186**	**8,407**	**4,849**
30 June 2025									
Lease liabilities	6.1	5%	15,316	17,362	328	984	2,624	8,190	3,190
Advances from government	6.1	-	118	118	-	-	118	-	-
Total financial liabilities			**15,434**	**17,480**	**328**	**984**	**2,742**	**8,190**	**3,190**

Note 6.1 (a) Lease liabilities

	2026 $'000	2025 $'000
Current lease liabilities		
Lease liability	4,754	3,897
Total current lease liabilities	**4,754**	**3,897**
Non-current lease liabilities		
Lease liability	13,271	11,419
Total non-current lease liabilities	**13,271**	**11,419**
Total lease liabilities	**18,025**	**15,316**

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

	2026 $'000	2025 $'000
Repayments in relation to leases are payable as follows:		
Not longer than one year	4,779	3,936
Longer than 1 year and not later than 5 years	8,407	8,190
Longer than 5 years	4,839	3,190
Minimum future lease liability	**18,025**	**15,316**
Less unexpired finance expenses	**-**	**-**
Present value of lease liability	**18,025**	**15,316**

How we recognise lease liabilities

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

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

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

Grampians Health's lease arrangements consist of the following:

Type of asset leased	2026	2025
Leased buildings	3 to 15 years	3 to 15 years
Leased plant, equipment, furniture, fittings and vehicles	3 to 5 years	3 to 5 years

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

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Grampians Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 0% to 5.94%.

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

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

Subsequent measurement

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

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

Note 6.2 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		10	18
Cash at bank (excluding monies held in trust)		49,021	66,472
Total cash held for operations		**49,031**	**66,490**
Cash at bank (monies held in trust)		47,130	44,507
Total cash held as monies in trust		**47,130**	**44,507**
Total cash and cash equivalents	7.1	**96,161**	**110,997**

Note 6.3 Commitments for expenditure

	Less than 1 year $'000	1-5 years $'000	Over 5 years $'000	Total $'000
30 June 2026				
Capital expenditure commitments	26,634	4,000	-	30,634
Operating expenditure commitments	40,966	18,903	2,940	62,809
Total commitments (inclusive of GST)	**67,600**	**22,903**	**2,940**	**93,443**
Less: GST recoverable	(3,802)	(4,335)	(267)	(8,404)
Total commitments (exclusive of GST)	**63,798**	**18,568**	**2,673**	**85,039**
30 June 2025				
Capital expenditure commitments	32,377	7,736	-	40,113
Operating expenditure commitments	15,922	6,468	455	22,845
Total commitments (inclusive of GST)	**48,299**	**14,204**	**455**	**62,957**
Less: GST recoverable	(3,544)	(2,044)	(41)	(5,630)
Total commitments (exclusive of GST)	**44,754**	**12,160**	**414**	**57,328**

How we disclose our commitments

Our commitments relate to expenditure commitments.

Expenditure commitments

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

Note 7 Financial instruments, contingencies and valuation judgements

Grampians 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

Note 7.1	Financial instruments	96
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Note 7.3	Fair value determination	99

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

	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
30 June 2026						
Financial assets at amortised cost						
Cash and cash equivalents	6.2	96,161	-	6,736	(97)	-
Receivables	5.1, 5.2	110,944	-	-	-	(104)
Financial assets at fair value through net result						
Investments and other financial assets	5.3	23,761	(16)	-	(1,177)	-
Total financial assets [i]		**230,866**	**(16)**	**6,736**	**(1,274)**	**(104)**
Financial liabilities at amortised cost						
Payables and contract liabilities	5.4	109,386	-	-	-	-
Borrowings	6.1	18,025	-	(746)	-	-
Accommodation bonds	5.6	65,428	-	-	-	-
Patient monies held in trust	5.6	1,088	-	-	-	-
Total financial liabilities [i]		**193,927**	**-**	**(746)**	**-**	**-**

	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
30 June 2025						
Financial assets at amortised cost						
Cash and cash equivalents	6.2	110,998	-	7,749	(56)	-
Receivables	5.1, 5.2	92,497	-	-	-	(78)
Financial assets at fair value through net result						
Investments and other financial assets	5.3	21,960	1,264	-	(767)	-
Total financial assets [i]		**225,455**	**1,264**	**7,749**	**(823)**	**(78)**
Financial liabilities at amortised cost						
Payables and contract liabilities	5.4	102,412	-	-	-	-
Borrowings	6.1	15,435	-	(473)	-	-
Accommodation bonds	5.6	60,998	-	-	-	-
Patient monies held in trust	5.6	1,197	-	-	-	-
Total financial liabilities [i]		**180,042**	**-**	**(473)**	**-**	**-**

[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 Grampians 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.

Grampians Health recognises the following assets in this category:

- Cash and deposits;
- Receivables (excluding statutory receivables); and
- Term deposits.

Financial assets at fair value through net result

Grampians Health initially designates a financial instrument as measured at fair value through net result if:

- It eliminates or significantly reduces a measurement or recognition inconsistency (i.e. often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or recognising the gains and losses on them, on a different basis;
- It is in accordance with the documented risk management or investment strategy and information about the groupings was documented appropriately, so the performance of the financial asset can be managed and evaluated consistently on a fair value basis; or
- It is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of the financial instruments to measure at fair value through net result is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Grampians Health recognises listed equity securities as mandatorily measured at fair value through net result and has designated all managed investment schemes as well as certain 5-year government bonds as fair value through net result.

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.

Grampians 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
- Grampians 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
- Grampians 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 Grampians Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Grampians 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, Grampians 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.

Note 7.3 Fair value determination

How we measure fair value

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.
The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result;
- Financial assets and liabilities at fair value through other comprehensive income;
- Property, plant and equipment; with the exception of Right-of-use assets 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.

Grampians 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.

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

Fair value determination: management investment schemes
Grampians Health invests in managed funds, which are not quoted in an active market, and which may be subject to restrictions on redemptions.

Grampians Health considers the valuation techniques and inputs used in valuing these funds as part of its due diligence prior to investment, to ensure they are reasonable and appropriate. The net asset value of these funds is used as an input into measuring their fair value, and is adjusted as necessary, to reflect restrictions and redemptions, future commitments and other specific factors of the fund.

Grampians Health classifies these funds as Level 2.

Fair value determination: equities
Equities are valued at fair value with reference to a quoted (unadjusted) market price from an active market.
Grampians Health classifies these instruments as Level 1.

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

- **Non-specialised land and non-specialised buildings**
  Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value. 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, Grampians 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 Grampians 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. Grampians 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 Grampians Health's 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	Likely valuation approach	Significant assumption
Specialised land	Market approach	Community service obligation (CSO) Adjustment [i]
Specialised buildings	Current replacement cost	• Direct cost per square metre • Useful life of specialised buildings
Plant and equipment at fair value	Current replacement cost	• Cost per unit • Useful life of plant and equipment
Medical equipment at fair value	Current replacement cost	• Cost per unit • Useful life of medical equipment

[i] A community service obligation (CSO) of 5% to 20% was applied to Grampians 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

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Note 8.1 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 July 2025 - 15 April 2026
Minister for Ambulance Services	1 July 2025 - 15 April 2026
Honourable Harriett Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
Minister for Water	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 July 2025 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 July 2025 - 30 June 2026
Minister for Ageing	1 July 2025 - 30 June 2026
Minister for Multicultural Affairs	1 July 2025 - 30 June 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	1 July 2025 - 30 June 2026
Minister for Disability	1 July 2025 - 30 June 2026
Governing Board	
Hon Rob Knowles AO (Chair of Board)	1 July 2025 - 29 April 2026
Ms Cora Trevarthen (Deputy Chair) [i]	1 July 2025 - 30 June 2026
Mr Anthony Schache	1 July 2025 - 30 June 2026
Ms Avril Hogan	1 July 2025 - 9 December 2025
Mr David Anderson	1 July 2025 - 30 June 2026
Ms Heather Pickard OAM	1 July 2025 - 30 June 2026
Dr Jessica Dean	1 July 2025 - 30 June 2026
Mr Nick Jones	1 July 2025 - 30 June 2026
Ms Rhian Jones	1 July 2025 - 30 June 2026
Accountable Officer	
Mr Dale Fraser (Chief Executive Officer)	

[i] Acting Chair of Board from 29 April 2026

Remuneration of responsible persons

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

	2026 No.	2025 No.
Income band		
$20,000 - $29,999	1	-
$30,000 - $39,999	-	10
$40,000 - $49,999	7	1
$50,000 - $59,999	1	-
$480,000 - $489,999	-	1
$530,000 - $539,999	1	-
Total numbers	**10**	**12**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**908**	**934**

Amounts relating to the Governing Board Members and Accountable Officer of Grampians Health's controlled entities are disclosed in their own financial statements. 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. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

	2026 $'000	2025 $'000
Remuneration of executive officers (Including Key Management Personnel disclosed in Note 8.4)		
Total remuneration [i]	**2,152**	**2,264**
Total number of executives	**7**	**7**
Total annualised employee equivalent [ii]	**7**	**7**

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Grampians Health under AASB124 *Related Parties Disclosures* and are also reported within Note 8.4 Related Parties.

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

Note 8.3 Related parties

Grampians 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;
- All cabinet ministers (where applicable) and their close family members;
- Jointly controlled operations - a member of the Grampians Rural Health Alliance (GRHA); 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

Grampians Health received funding from the DH of $779.1m (2025: $719.9m) and indirect contributions of $1.4m (2025: $1.3m). Balances outstanding as at 30 June 2026 are nil (2025: $0.8m).

Expenses incurred by Grampians 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 Grampians 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 Grampians Health and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position title
Grampians Health	Hon Rob Knowles AO	Chair of the Board
Grampians Health	Ms Cora Trevarthen	Acting Chair of the Board
Grampians Health	Mr Anthony Schache	Board Member
Grampians Health	Mr David Anderson	Board Member
Grampians Health	Ms Heather Pickard OAM	Board Member
Grampians Health	Dr Jessica Dean	Board Member
Grampians Health	Mr Nick Jones	Board Member
Grampians Health	Ms Rhian Jones	Board Member
Grampians Health	Mr Dale Fraser	Chief Executive Officer
Grampians Health	Mr Ben Kelly	Chief Operating Officer
Grampians Health	Ms Claire Woods	Chief People Officer
Grampians Heath	Mr Eric Kochskamper	Chief Financial Officer
Grampians Health	Ms Leanne Shea	Chief Nursing and Midwifery Officer
Grampians Health	Mr Matthew Hadfield	Chief Medical Officer
Grampians Health	Mr Robert Grenfell	Chief Strategy and Regions Officer
Grampians Health	Ms Veronica Furnier	Chief Redevelopment and Infrastructure Officer

Remuneration of Key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs [i]	**3,060**	**3,198**

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

Note 8.4 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	231	201
Total remuneration of auditors	**231**	**201**

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

		Ownership interest	
	Principle activity	2026 %	2025 %
Grampians Rural Health Alliance (GRHA)	The member entities have committed to the establishment of the rural health Information and Communication Technology (ICT) alliance.	76.02%	75.90%

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

	2026 $'000	2025 $'000
Total revenue and income	10,555	9,243
Total expenses	(10,589)	(8,709)
Total net result	(34)	534
Total other economic flows	-	-
Comprehensive result for the year	**(34)**	**534**
Total assets	28,204	22,130
Total liabilities	(24,227)	(18,125)
Total equity	**3,977**	**4,005**

Contingent liabilities and capital commitments

There are no known contingent liabilities or capital commitments held by the jointly controlled operations at balance date. Grampians Health is involved in joint arrangements where control and decision-making are shared with other parties. Grampians 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.

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Fundraising

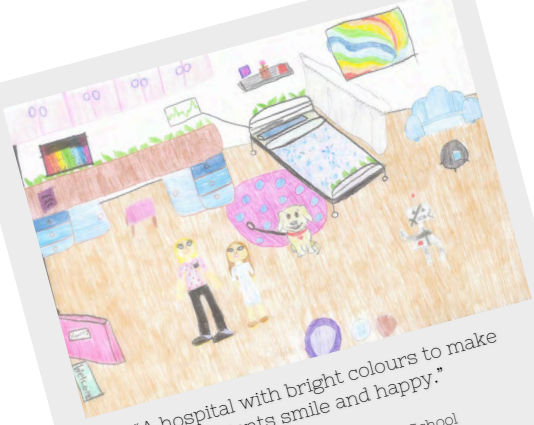
Fundraising queries can be directed to
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media@gh.org.au

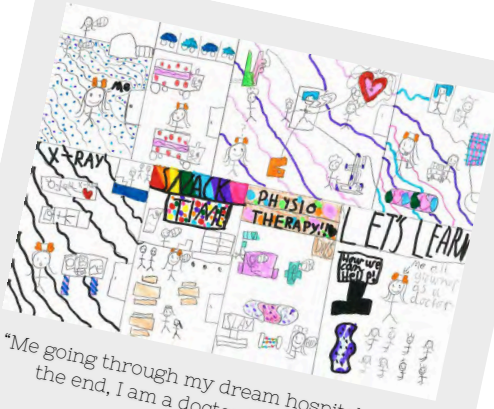
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What do you imagine a hospital of the future to look like?



"A hospital with bright colours to make patients smile and happy."

Grace, Delacombe Primary School



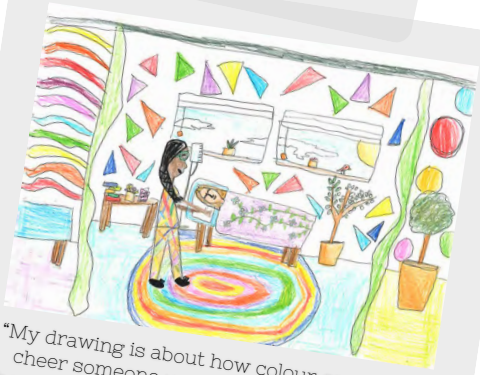
"Me going through my dream hospital and at the end, I am a doctor teaching kids."

Iris, Black Hill Primary School



"This is my dinosaur hospital. It has a shop with fruit, chocolate and medicine. My invention is the T-Rex arms which can do operations. Out the back is a playground with water guns but it is safe."

Darcy, Pleasant Street Primary School



"My drawing is about how colour can really cheer someone up and plants just give a homely vibe. Big windows show the sun. To me hospitals should not be a dreaded experience."

Uma, Black Hill Primary School



"My futuristic hospital is colourful and wonderful, making people happy with TVs, fun toys and a play area. For the people who need to do work, there is a working area. For people who are staying overnight, there is massage beds. When people are lonely, we have a friend station."

Yanuli, Black Hill Primary School



"My drawing is about making everyone feel comfortable in the hospital. My invention is the magical cupboard that supplies anything the patient wants, like ice cream, puppy dogs, art supplies and magic friends."

Aria, Pleasant Street Primary School

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Grampians Health