

GREAT OCEAN ROAD HEALTH

Annual Report 2025-2026

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Acknowledgement of Traditional Owners

We, Great Ocean Road Health, acknowledge our offices are built on unceded lands of the Gadubanud People of the Maar Nation. We pay our respects to all First Nations Peoples and will continue to strengthen the complex knowledge systems of health and healing that intertwine the landscape and communities we live and work in. Great Ocean Road Health is committed to improving health outcomes and pathways for First Nations People and ensuring a culturally safe environment.

Welcome

We, Great Ocean Road Health, welcome and value all people and embrace diversity. We are committed to providing an inclusive work environment and services to ensure equality of healthcare for all.

Report of Operations

Board Chair's & CEO Report

Another year has passed and once again we are reminded what a remarkable organisation Great Ocean Road Health is. As a small rural health service in Lorne and Apollo Bay, we continue to demonstrate that great health care isn't about the size of the organisation; it is about the people who work within it and the communities that surround us.

Every day, our staff, volunteers and community partners work together to provide better care close to home; helping people live purposeful, healthy and engaged lives. Whether someone visits our General Practice clinics, receives care in our Urgent Care centres; lives in our residential aged care homes or receives support in their own home, our focus remains the same - providing high-quality, person-centred and integrated care. We are incredibly proud of what our staff achieve every day.

This year has been one of significant leadership transition. In November, we farewelled Chief Executive Officer, Sandy Chamberlin, after six years of service. Sandy's leadership helped shape Great Ocean Road Health into the respected organisation it is today, and we sincerely thank her for her commitment. We also acknowledge Andrea Russell, who stepped into the role of Acting Chief Executive Officer during the recruitment period and thank her for stepping up.

In January 2026, we welcomed Brandon Howard as our new Chief Executive Officer. Brandon joined Great Ocean Road Health during a period marked by both floods and fires, quickly establishing strong relationships with staff, community members and stakeholders.

Since his appointment, important progress has been made on our new 2030 Strategic Plan, our Reconciliation Action Plan, financial sustainability and organisational risk management.

Our 2030 Strategic Plan will guide Great Ocean Road Health into the future. Built in consultation with our stakeholders, communities and workforce, the plan provides a clear roadmap to strengthen services, improve health outcomes and ensure we continue to meet the evolving needs of the communities we serve.

Our care is the foundation of everything we do. Our leadership is demonstrated through our care, by our people, and within our partnerships. Each pillar is interconnected and mutually reinforcing; ensuring our sustainability. Each Pillar contains strategic priorities and actions that we will progress over the next four years, ensuring our efforts remain focused, measurable, and responsive to community needs.

Another important milestone this year was the lodgement of Great Ocean Road Health's first Reflect Reconciliation Action Plan with Reconciliation Australia. This represents a significant step in our commitment to reconciliation and strengthening relationships with First Nations peoples through meaningful action and partnership.

Our aged care homes continue to receive 5-Star ratings, reflecting the quality of care residents consistently receive. We are recognised for our ability to create an environment where people feel heard, respected and at home.

Our allied health and community services assist people to remain independent by providing care close to home.

Supporting people in their own homes not only improves health outcomes, it also enables individuals continued valuable connection to their communities. We are also pleased to report the successful completion of our NDIS accreditation, reaffirming our commitment to delivering high quality, safe and person-centred services.

Our General Practice Clinics in Lorne and Apollo Bay provide an essential service for local residents, while also helping prepare the next generation of rural general practitioners. The Lorne Medical Centre successfully completed its accreditation survey, meeting all required indicators. Surveyors commended the service for its "comprehensive primary care provision" and described it as providing "great service and amazing care." This recognition reflects the dedication and professionalism of the entire Medical Centre teams.

Our Urgent Care Centres remain an important part of the local health system, caring for both residents and the many visitors who enjoy our region each year. We continue to be well supported by our Nurse Practitioners and the dedicated clinical staff who choose to return to Great Ocean Road Health because they value being part of our team.

At Great Ocean Road Health we have a wonderful group of volunteers. Whether welcoming people, supporting activities, working in Second Sails or offering companionship, our volunteers help create the warm and connected environment that makes our health service so special. We sincerely thank them for everything they contribute.

We were delighted to welcome two new Directors, Tali Bernard from Moggs Creek and Melinda Lucas from Apollo Bay. Their local knowledge and fresh perspectives have already made a valuable contribution to Board discussions.

We acknowledge the ongoing leadership of our Deputy Chair, Associate Professor Kelli Nicola-Richmond, who concluded her 10-year term on 30 June 2026.

Much of the Board's work occurs through its committees, where Directors work closely with the CEO and leadership team to oversee clinical governance, organisational culture, financial sustainability, risk management and community engagement. We thank our Committee Chairs for the significant contribution. Nicholas Salkeld chairs the Safety, Culture and Clinical Governance Committee, Chris Price chairs the Finance, Audit and Risk Committee, and Matt Dixon chairs our Community Advisory Committee.

The Community Advisory Committee plays an important role in ensuring we remain connected with the communities we serve. With community representatives from Lorne through to Lavers Hill, the Committee provides valuable local insight, and ensures our services continue to reflect what matters most to our communities. Our thanks and appreciation go to all the community committee members for their time and guidance.

We also acknowledge the contributions of our fellow Directors, The Hon. Rob Knowles (until his death in April 2026), Dr Tiffany Symes and Fiona Williams, whose expertise and thoughtful contributions continue to strengthen Board decision-making.

Joining the Barwon Local Health Service Network this year marks an important step in strengthening integrated care across our region. Working alongside Barwon Health, Colac Area Health and Hesse Rural Health enables us to share expertise, strengthen specialist services and improve access to care, while continuing to deliver local services for local communities.

We are deeply grateful to everyone who supports our fundraising initiatives. Funds raised through the 2025–26 Annual Appeal, together with contributions from the Apollo Bay Health Foundation, Second Sails Op Shop, Lorne Op Shop and many generous individual donors, have enabled important investments in equipment and infrastructure.

Thank you. This support ensures our staff have the resources they need to continue delivering outstanding care.

The Lawless Scholarship, endorsed by the Board in recognition of the distinguished service of Dr James Lawless and Dr Margaret Lawless, continues to support workforce development within our organisation. The 2025 Lawless Scholarship was awarded to Rebecca Morshead to support her studies towards a Bachelor of Occupational Therapy. As an Allied Health Assistant, Rebecca's studies will enhance her ability to contribute to foundational occupational therapy assessments and strengthen allied health services across our communities.

We congratulate Rebecca and look forward to the positive impact her continued professional development will bring.

It has been my pleasure to continue serving as Chair alongside a Board deeply committed to good governance, respectful decision making and ensuring Great Ocean Road Health continues to provide better care close to home.

When we reflect on the past year, what clearly stands out is the commitment of our people. Thank you to our staff, volunteers, Board Directors, community members, donors and partners, including the Department of Health. Together, we make Great Ocean Road Health the organisation it is today.

It is a privilege to serve this community, and we look forward to continuing the journey together.



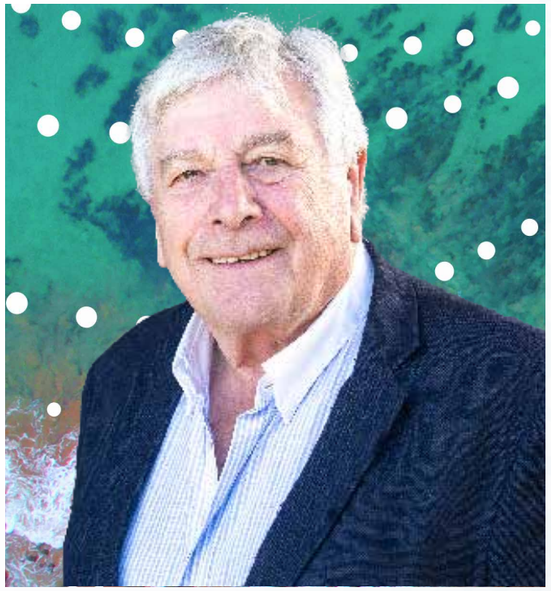


Dr. Joy Humphreys

Chair of the Board of
Great Ocean Road Health

Brandon Howard
Chief Executive Officer
Great Ocean Road Health

Vale The Hon. Robert Knowles AO



The Board and staff of Great Ocean Road Health were deeply saddened by the passing of The Hon. Robert (Rob) Knowles AO on 29 April 2026.

Rob joined the Otway Health Board in August 2016 and continued his service following the formation of Great Ocean Road Health in 2019. From the outset, he brought extraordinary wisdom, generosity and a deep commitment to improving health outcomes for rural and regional communities.

A former Victorian Minister for Health and one of Australia's most respected governance leaders, Rob made an outstanding contribution to our Board. His extensive experience in health policy, governance and leadership enriched every discussion and helped guide many of the important decisions that have shaped our organisation.

He was a passionate advocate for integrated, person-centred care and was always focused on ensuring our decisions would improve the health and wellbeing of the communities we serve.

While Rob's professional achievements were remarkable, it was his personal qualities that endeared him to so many. He was humble, thoughtful and generous with his time and knowledge. He delighted in Director rounding, taking the opportunity to speak with staff, residents and volunteers, always showing genuine interest in their experiences. He mentored Board colleagues with wisdom and kindness, encouraging and supporting others while making everyone feel valued and respected.

Rob also brought warmth and humour to the Board table. He often joked about the length of our meetings, reminding us not to take ourselves too seriously, while never losing sight of the importance of good governance and thoughtful decision-making.

It was a privilege to serve alongside Rob. His wisdom, integrity, humanity and friendship have left a lasting legacy for Great Ocean Road Health, and he will be greatly missed.

Vale Rob Knowles AO.



Our Service At A Glance

4,758
Urgent Care Presentations

27,006
Medical Centre Appointments

7,860
Volunteer Hours

47,192
Community Services Direct Care Hours

297
Average Daily Direct Aged Care Minutes

786.4
Volunteer Patient Transport Hours

Our 2030 Strategic Plan



OUR VISION

A healthier future for our community

OUR PURPOSE

To provide Great Health Care to enable people to live purposeful, healthy and engaged lives.

Our VALUES

Genuine

We are authentic; we do what we say we will do and are motivated to extend ourselves in everything we do.

Respect

We demonstrate integrity in every interaction, and we value the insights of staff, community members and our partners.

Empathy

We listen to our staff, patients, residents and community member needs and help them on their journey to enhanced health and wellbeing.

Accountable

We are accountable for all our actions and decisions - we deliver our strategic priorities in order to fulfil our purpose and best meet our community needs.

Teamwork

We actively seek opportunities to work together in the spirit of collaboration.

Our **Care** is the foundation of everything we do. Our leadership is demonstrated through Our Care, by Our **People**, and within Our **Partnerships**. Each pillar is interconnected and mutually reinforcing; ensuring Our **Sustainability**.

Our **CARE**

Our Care is focused on delivering safe, high-quality, personalised care, close to home. We will respond to the unique and emerging health needs of our diverse communities, demonstrating our leadership and delivering Great Care to every person, every time.

Our **PEOPLE**

We recognise that our people are central to our success, underpinned by a culture of trust and our GREAT Values. We will invest in our people and foster a positive and inclusive workplace; where people feel safe, valued and inspired to stay, grow, and thrive.

Our **PARTNERSHIPS**

We will build and sustain collaborative and integrated partnerships that improve consumer outcomes, support investment in services, and strengthen community connections.

Our **SUSTAINABILITY**

We are committed to sustainability across all aspects of our health service, ensuring we are well positioned to meet current and emerging challenges and opportunities. We will embrace innovation and continuous improvement and ensure that we are well-equipped to handle external emergencies.



Manner of Establishment & Relevant Ministers

Great Ocean Road Health is a public health service established under the Health Services Act 1988 (Vic). Great Ocean Road Health was established in July 2019, when Otway Health and Lorne Community Hospital amalgamated. Operating as a single entity facilitates our health services to meet the growing health care needs of our community and remain financially sustainable for the future.

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

Our Catchment Is Home To

7,100 approx permanent residents

50,000 approx visitors

Great Ocean Road Health was established in July 2019, following the amalgamation of Lorne Community Hospital and Otway Health (a multi-purpose service).

As a population-centric health service, Great Ocean Road Health has a range of health services that span across Urgent Care, Short Term Care, Residential Care, Community Care and Medical Centres. We provide a range of integrated multidisciplinary health services within a large catchment area extending from Aireys Inlet to Lavers Hill, including the local townships of Deans Marsh, Forrest, Lorne and Apollo Bay, as well as other small townships in between.

All residents and visitors to the region are eligible to access the services we provide. More than half of the residents in this area are over the age of 50 and health and well-being services play an important role in their lives. Many of our programs and services are designed to reflect this demographic and their specific needs.

We are in the process of developing additional services to cater for a broader range of community members, in particular our younger community members.

We have two hospital campuses in Lorne and Apollo Bay. We provide a comprehensive range of community health services to support our communities in accessing care closer to home and helping people remain independent in their homes. We work with our community, staff, volunteers and patients to build healthier lives. Through our community engagement events, fundraising activities, patient-centred care and staff information sessions, we bring our vision to reality.

We are guided by a strong governance framework, which places significant focus on stakeholder engagement, to ensure that advice from the people in our communities, staff and consumers, directs our decisions on prioritising, configuring and delivering essential health care services for all.

Clinical Services

> Acute Care
> Medical GP Services
> Needle Exchange Program
> Palliative Care
> Residential Aged Care
> Respite Care
> Urgent Care 24/7

Community Services

> Allied Health Services
> Community Nursing
> Home Support Services
> NDIS Community Supports
> Neighbourhood Houses
> Independent Living Units
> Social Supports
> Support at Home Services



Board Of Directors

BOARD EXECUTIVE COMMITTEE

- Joy Humphreys (Board Chair)
- Kelli Nicola-Richmond (Deputy Chair)
- Tali Bernard
- Matt Dixon
- Rob Knowles (July 2025 - April 2026)
- Melinda Lucas
- Chris Price
- Nick Salkeld
- Tiffany Symes
- Fiona Williams

Pictured: Matt Dixon, Tiffany Symes, Joy Humphreys (Board Chair), Chris Price, Melinda Lucas, Fiona Williams, Nick Salkeld and Tali Bernard.
Absent: Kelli Nicola-Richmond (Deputy Chair) and Rob Knowles.

Committees

FINANCE AUDIT AND RISK COMMITTEE

- Chris Price (Chair)
- Joy Humphreys (Ex-officio)
- Fiona Williams
- Tali Bernard

SAFETY, CULTURE AND CLINICAL GOVERNANCE COMMITTEE

- Nick Salkeld (Chair)
- Joy Humphreys (Ex-officio)
- Kelli Nicola-Richmond
- Rob Knowles
- Tiffany Symes

CEO APPOINTMENT & REMUNERATION COMMITTEE

- Joy Humphreys (Chair)
- Kelli Nicola-Richmond (Deputy Chair)
- Chris Price (FAR Chair)

COMMUNITY ADVISORY COMMITTEE (CAC)

- Matt Dixon (Chair)
- Joy Humphreys (Ex-officio)
- Melinda Lucas (Board Director)

CAC Community Representatives

- Gill Binger
- Jane Buckingham
- Dianne Clark
- Hans Van Fankhanel
- Annie Hepner
- Karyn Hogg
- Kerry McMahon
- Sue Neill

Executive Structure



Brandon Howard
Chief Executive Officer

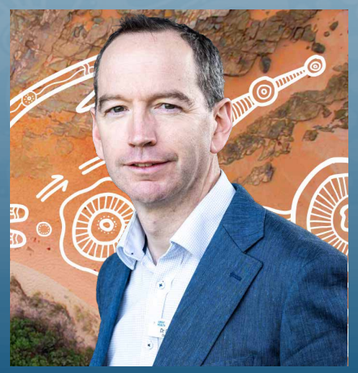
Andrea Russell
Director Clinical Services
Acute, Aged Care, Urgent Care & DON LCH



Shelly Pascoe
Director Community Services (Acting CPO)



Dr David Mullen
Director Medical Services





Workforce Data

Hospitals Labour Category	JUNE Current Month FTE		Average Monthly FTE	
	2025	2026	2025	2026
Nursing	54.1	56.02	53.0	56.53
Administration and Clerical	34.4	36.60	35.6	35.74
Medical Support	3.6	2.79	3.8	3.37
Hotel and Allied Services	29.8	33.09	30.5	32.53
Medical Officers	2.4	3.51	1.8	2.41
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	7.9	6.53	8.4	7.22
TOTAL	132.2	138.55	133.1	137.80

Occupational Violence

The prevention and management of Occupational Violence and Aggression remained a key organisational priority during 2025-2026.

A key focus of the Occupational Violence and Aggression (OVA) Work Plan was to achieve a 30% reduction in occupational violence incidents, with the target informed by benchmarking against comparator health services. A 25% reduction was achieved, with occupational violence and aggression incidents decreasing from 35 to 26 during the year (2025-2026) and the rate reducing from 26.3 per 100 FTE in 2024-2025 to 18.9 per 100 FTE in 2025-2026.

All occupational violence incidents were reviewed through the Quality, Risk and Safety Committee, where trends, contributing factors and corrective actions were regularly monitored. Ongoing staff education was provided through mandatory training programs and targeted Code Grey training to strengthen staff confidence in responding to challenging situations and managing occupational violence risks.

There were no WorkCover claims related to occupational violence, no lost time injuries arising from occupational violence, and no occupational violence incidents resulting in a reported staff injury, illness or condition. These results continue a positive trend and demonstrate the effectiveness of Great Ocean Road Health's preventative and response strategies.

Occupational Violence Statistics	2025-2026
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	26
Number of occupational violence incidents reported per 100 FTE	18.9
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions of occupational violence

- **Occupational violence** - any incident where an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of their employment.
- **Incident** - an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.
- **Accepted WorkCover claims** – claims accepted and 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.

Occupational Health & Safety Data

Great Ocean Road Health remains committed to maintaining a safe and healthy workplace through proactive risk management, hazard identification, staff education and continuous improvement in workplace safety.

During 2025-2026, Great Ocean Road Health recorded 60 reported OHS hazards and incidents per 100 FTE, compared with 56 per 100 FTE in 2024-2025. While this represents an increase in reported events, the result reflects the formal introduction of hazard reporting and monitoring for the first time. The expanded monitoring and reporting approach has improved visibility of workplace risks, strengthened the organisation's safety reporting culture, and established a more comprehensive baseline for future benchmarking and trend analysis.

The average cost per WorkCover claim in 2025-2026 was $2,130, significantly lower than the previous year's, indicating a reduction in claim severity and associated claim costs.

Great Ocean Road Health continued to focus on preventative strategies, including monthly review of hazards and incidents, staff education and targeted risk reduction activities. Occupational health and safety focus during the year included the formal implementation of monthly hazard reporting and monitoring, continued review of workplace incidents and risks, analysis of falls, trips and slips data and ongoing evaluation of employee wellbeing supports.

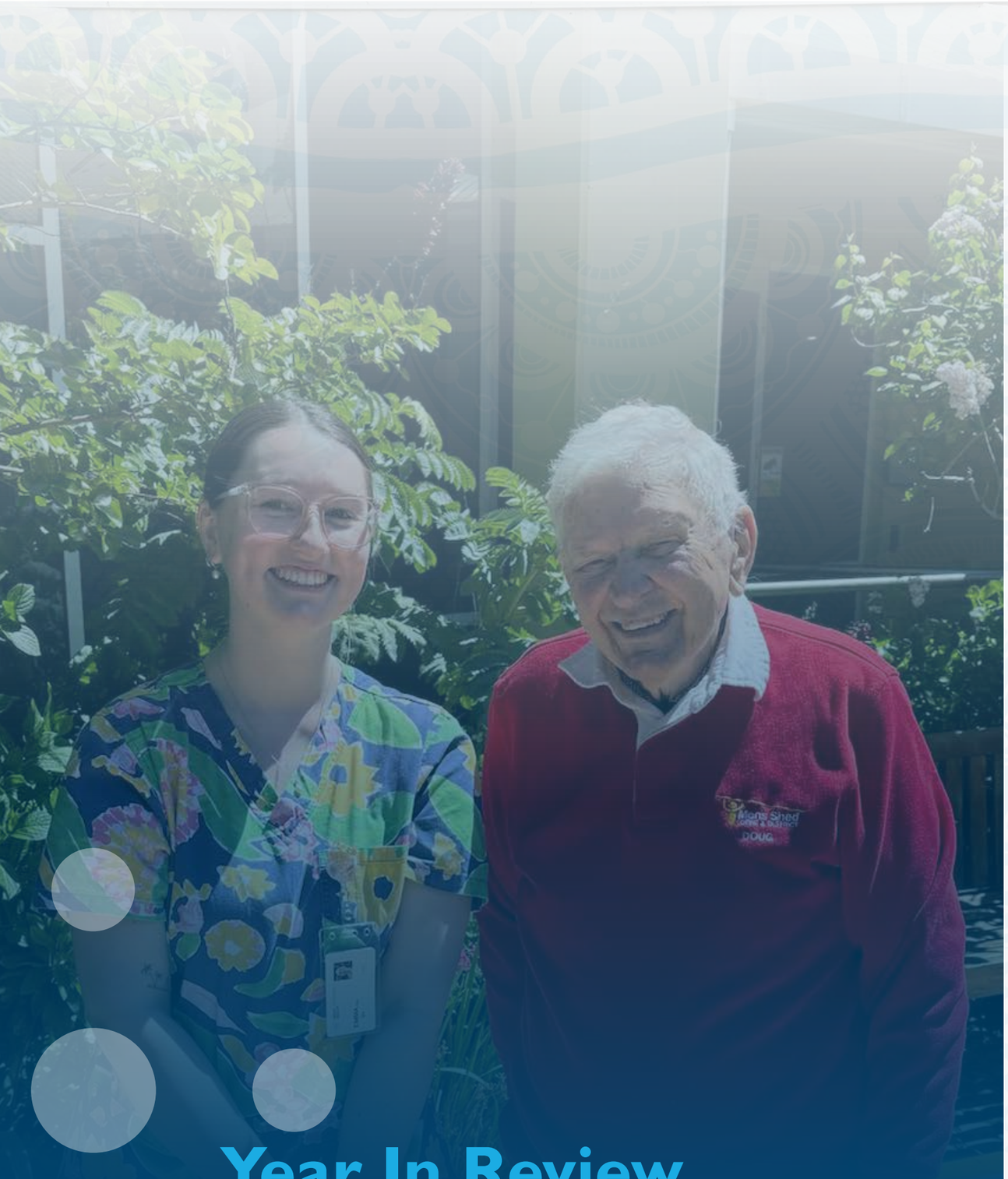
The organisation also focused on strengthening psychological health and safety. Key achievements included the identification and procurement of an Employee Relations reporting platform to support the confidential reporting and management of work place concerns. Psychological safety education formed part of the organisation's mandatory staff training program.

These activities support Great Ocean Road Health's commitment to fostering a positive safety culture and reducing workplace risk.

OHS	2023-2024	2024-2025	2025-2026
The number of reported hazards/incidents for the year per 100 FTE	53.0	56.0	60*
The number of 'lost time' standard WorkCover claims for the year 100 FTE	12.6**	7.3**	10.4**
Average cost per claim	1.66('000)	12.54('000)	2.13('000)

*The 2025-26 result is not directly comparable with previous years, as it includes both OHS hazards and incidents, while prior years recorded OHS incidents only.

**Lost time Claims Reporting Methodology: The figure reported for Lost Time Claims per 100 FTE was calculated using the Lost Time Injury Frequency Rate (LTIFR) methodology, which expresses the number of lost time claims per 1,000,000 hours worked. This approach aligns with standard industry practices and is consistent with the guidelines used for reporting Occupational Violence and Aggression (OVA) lost time claims.



Year In Review

Great Care

Our Care is at the heart of everything we do. We deliver safe, high-quality, personalised care close to home, responding to the evolving needs of our diverse communities and striving to provide Great Care to every person, every time.



Our Montessori approach ensures Aged Care Residents continue to benefit from a range of community based and relationship focused initiatives attentive on enhancing wellbeing, social connection and quality of life.

Lorne Aged Care successfully participated in the Maggie Beer Foundation Trainer Mentor Program. This is a 12-month initiative that pairs aged care kitchen teams with qualified Foundation Chef Trainers. It aims to help cooks and chefs serve flavourful, nutritious meals and elevate the overall dining experience for older Australians. As a result of this program, improvements have been made to the dining experience across the aged care service. A strong focus has been placed on incorporating fortified foods, including the use of enriched milk products to support increased protein intake. A weekly hot breakfast service was introduced, bringing residents and staff together every Wednesday for a freshly prepared buffet meal in the dining room. The menu includes a variety of hot breakfast options alongside traditional breakfast choices, offering residents greater variety and choice. Feedback from residents has been positive, with many expressing appreciation for the quality of the meals and the opportunity to share the experience with fellow residents and staff.

The Falls Prevention Project remains a key focus across residential aged care services. Preventative maintenance and infrastructure improvements have continued as part of our Falls Prevention strategy and to enhance our care environment. Tracking and hoist systems were installed in 8 new Aged Care rooms, increasing our capacity for Residents to age in place. This initiative was supported by the Lorne Op Shop and a community grant from the Apollo Bay and District Community Bank. The Falls Prevention Project examines the impacts of exercise and mobility programs on reducing falls risk among residents. Allied Health professionals provide regular exercise programs, supported by nursing staff who actively promote movement and physical activity throughout the day. Falls prevention strategies are further strengthened through daily falls huddles conducted as part of the 9.00 am situational awareness meetings. During these meetings, each site identifies residents at greatest risk of falling within the following 24 hours and reviews interventions designed to mitigate risk and support resident safety.



In the 2025–26 financial year, the Community Services Directorate delivered 47,192 hours of direct service provision across our communities which span across outreach areas in both Colac Otway Shire and Surf Coast Shires. The services supported 1,333 consumers.

The most significant areas of growth were our Support at Home Program and our Health Education Program. Great Ocean Road Health experienced a substantial increase in the number of Support at Home packages delivered. This growth reflects the increasing

demand for services that enable people to remain independent, connected and well supported in their own homes and communities.

Great Ocean Road Health recorded significant growth in the delivery of health education and wellbeing programs, delivering 46 sessions throughout the year. Topics included Persistent Pain, Cancer Connect Wellbeing, Menopause, Sleep, Nutrition, Strong Bones, and Women's Health Checks. These sessions were delivered by eight facilitators across six professional disciplines, providing community members with access to expert advice, practical strategies and evidence-based information to support their health and wellbeing.



A key initiative during the year was the continued development of our Advance Care Planning Program, led by our Community Nurse Kelsey. Through education, facilitated conversations and support with Advance Care Directives, the program empowered community members to document their healthcare preferences and ensure their wishes are understood and respected. This proactive approach supports person-centred care and provides clarity for families, carers and health professionals during times when individuals may be unable to communicate their decisions.

The year was also marked by significant preparation for the Australian Government's aged care reforms. Considerable effort was undertaken to support consumers, families and staff to understand and navigate the changing aged care landscape. This included reviewing service models, strengthening care management processes, providing information and guidance to consumers, and implementing changes required to transition to the new aged care framework. These activities have positioned Great Ocean Road Health to continue delivering high-quality, consumer-centred care while supporting older people to live independently and confidently in their homes and communities as the reforms are implemented.

During 2025–26, Great Ocean Road Health took an important step in its reconciliation journey through the development of a draft Reflect Reconciliation Action Plan (RAP). The RAP provides a framework for strengthening relationships, fostering respect and creating opportunities with Aboriginal and Torres Strait Islander peoples and communities. The development of the RAP reflects Great Ocean Road Health's commitment to embedding cultural safety, promoting inclusion and ensuring our services are welcoming and accessible for all community members.



Great People

Our people are central to our success, underpinned by a culture of trust and our GREAT Values. We continue to invest in our people and foster a positive and inclusive workplace; where people feel safe, valued and inspired to stay, grow, and thrive. Our staff are confident, skilled and united. Our team are supported by a positive workplace culture, where kindness, collaboration and a genuine commitment for caring for one another, our clients and our community is valued.

This is supported through strong People Matter Survey and CEO Survey results. Professional development opportunities are provided to build a positive culture and skilled workforce.

The organisation remains committed to fostering a menopause-friendly workplace that is supportive, inclusive and responsive to the needs of employees experiencing menopause and related health conditions. One strategy is the implementation of practical and responsive workplace arrangements that support staff wellbeing and contribute to a positive, inclusive and supportive workplace culture.



Volunteers are the backbone of what we do at Great Ocean Road Health. In the 2025/2026 financial year, more than 60 volunteers contributed over 7,860 hours across various programs including: Second Sails Op Shop, Friend in Hand & Aged Care, gardening, carers group, social support, transport, Seamist Villas garden project, Neighbourhood House Volunteers and Community Advisory Committee (CAC). This is the equivalent to over 1,010 standard workdays.

Our CAC gives an opportunity for a community voice to be heard during planning and provides important links with our broader community. Our CAC plays a vital role in listening to and responding to community feedback on our services and processes. A recent example of this collaboration was community feedback regarding our Urgent Care signage at our Apollo Bay campus, which was reviewed internally and by our CAC and amended to reflect community feedback.

Great Partnerships

We continue to build and sustain collaborative and integrated partnerships that improve consumer outcomes, support investment in services, and strengthen community connections.

Joining the Barwon Local Health Service Network this year is a significant milestone in strengthening integrated care across our region. Partnering with Barwon Health, Colac Area Health and Hesse Rural Health allows us to share expertise, enhance specialist services and improve access to care, while remaining committed to delivering high-quality local services for local communities.



Great Ocean Road Health continued to strengthen its partnership with the Barwon Local Health Network through collaboration with Barwon Health's Emergency Medicine Education and Training Team. This partnership provided specialist emergency medicine education to nursing and medical staff, including onsite face-to-face training sessions that support workforce capability and clinical preparedness. During the reporting period, emergency education focused on the management of poisonous bites, a topic particularly relevant to the local community and environment.

This year, our Allied Health team delivered a series of health-focused workshops as part of a program funded by the Western Victoria Primary Health Network (West Vic PHN). We strengthened our services to enhance the prevention and

management of chronic conditions across our catchment areas, in partnership with Colac Area Health and Hesse Rural Health. 'Your Care Path' provides an easily accessible and individual focused program for people across Colac Otway, Surf Coast and Golden Plains shires. The sessions focused on chronic disease management, falls prevention, women's and men's health, and improving access to holistic, person-centred care. This program delivered workshops across our catchment to streamline allied healthcare services. Offering personalised plans, support services, healthy lifestyle tips and community connections, it helped bring better care closer to home for all members of our community.

Access to visiting mental health services across the region continued to expand during 2025–26 through strong partnerships and the attraction of additional service providers. Working collaboratively with private providers, NEAMI and Headspace, Great Ocean Road Health supported increased access to mental health care closer to home. Existing counselling services were strengthened, and new child and family counselling services were secured for the region, addressing an identified gap in services for children under 12 years of age and their families.

The expansion of visiting mental health services has improved access to early intervention, counselling and wellbeing supports, reducing the need for community members to travel and ensuring more people can access care within their local communities. These partnerships continue to strengthen the mental health service system across the region and reflect our commitment to improving health and wellbeing outcomes for community members.



with Great Ocean Road Health actively participating in a range of local events and initiatives. Staff and volunteers supported community connection through involvement in Lunch on Lorne, the Apollo Bay and Otway District Agricultural Show, the Deans Marsh Festival and a series of Dying to Know community information sessions delivered in Apollo Bay and Lorne. These events provided valuable opportunities to connect with residents, promote health and well-being initiatives, and strengthen relationships across the region.



Marrar Woorn Neighbourhood House has continued to strengthen food security initiatives across the community through a range of partnerships and funding opportunities. The Marrar Woorn Food Pantry received incredible support through the Apollo Bay and District Community Bank, the Apollo Bay and District Health Foundation, the Give Where You Live Foundation, and the Department of Families, Fairness and Housing. Marrar Woorn received close to $60,000 in funding to expand local food security initiatives and helping improve access to essential food supplies for community members experiencing hardship. The funding has supported dedicated staffing to coordinate food relief programs, established a produce garden to increase the supply of fresh food to the Food Pantry, and deliver community education programs focused on nutritious meal preparation and food-growing skills. Recent improvements include new food storage facilities, a free breakfast program, fresh partnerships with food relief providers, growing volunteer involvement, a pilot of a new community dinner model, and new resources showcasing the amount of fresh produce available through the program. These initiatives continue to enhance community resilience, improve access to nutritious food and support the wellbeing of local residents.

Three Community Dinners were held in 2025, one in partnership with the Apollo Bay P–12 College and two in partnership with the Apollo Bay RSL. These dinners have provided opportunities for social connection and community participation.



Lorne Community House continues to thrive as a vibrant hub for connection, learning, and support within the community. Over the past year, there have been expansions in programs and services, important upgrades, and the introduction of new initiatives, all made possible through generous community donations and successful grant applications. These funds have enabled new educational resources for our Occasional Childcare program, expansion of the Toy Library collection, the introduction of monthly free individual tech assistance, ongoing food security boxes, and additional outdoor seating in the community garden.

A new community choir has brought music and laughter to the House each week, and the class schedule has grown to include Tai Chi and Pilates, supporting both mental and physical wellbeing. The Occasional Childcare service has experienced near capacity bookings, particularly for children under three years of age. Like many in the Early Years sector, it continues to face staffing challenges but remains committed to maintaining its high standard of care.

Emergency preparedness activities were further enhanced through the delivery of a comprehensive emergency evacuation exercise involving local CFA volunteers. The simulated scenario involved a kitchen fire occurring during dinner service, requiring the management and evacuation of acute inpatients, including a renal patient undergoing treatment and two non-ambulant patients. CFA crews utilised operational equipment to create a realistic training environment, enabling staff to test emergency procedures under pressure. The exercise included patient evacuation using bed evacuation sheets, a simulated fire investigation and a structured debrief process that identified opportunities for continuous improvement. The successful exercise demonstrated the organisation's commitment to maintaining high standards of emergency management and operational readiness through strong partnerships with local emergency services.

Community fundraising plays a vital role in supporting service improvements and equipment purchases across the organisation. We are deeply grateful to our community who support our fundraising efforts. Support from our community is paramount to the level of healthcare and services we provide. With generous contributions from local businesses, community interest groups and individual donors, our 2025/26 Annual Appeal raised significant funds for equipment purchases and infrastructure projects needed.



Second Sails Opportunity Shop, Apollo Bay contributed $171,000 towards initiatives including the purchase of a dementia projector, aged care furniture, an aged care bus, clinical equipment, staff training, community sponsorships, an ECG machine and a cardiac monitor. During the reporting period, Second Sails Op Shop also successfully relocated premises to enhance its ongoing operations and community presence.



The Lorne Opportunity Shop made significant contributions, funding equipment upgrades valued at more than $144,000. Upgrades included urgent care equipment, new aged care beds, a tracking and hoist system installed across seven aged care rooms and replacement dialysis chairs; all have directly enhanced the quality and safety of care provided at the Lorne campus. The Lorne Op Shop was also a key sponsor of our Lunch on Lorne event in partnership with Lorne Aquatic and Angling Club, Surfcoast Community Bank and In the Skies Restaurant.



In addition to their $15,000 contribution towards the Marrar Woorn Food Pantry, the Apollo Bay and District Health Foundation provided $50,000 to support the purchase of a portable ultrasound unit, strengthening local diagnostic capability and improving access to healthcare services within the community. In addition, under the auspice of Great Ocean Road Health, The Gym Lab received funding of almost $10,000 to purchase new equipment, enabling the expansion of community health, wellbeing and fitness programs.

Through the support of the Lorne Aquatic and Angling Club, new Philips 43-inch Professional MediaSuite televisions were installed in the Renal Dialysis Suite. These upgrades have enhanced the patient experience and further demonstrate the value of strong community partnerships.

Great Ocean Road Health further strengthened community partnerships through collaboration with the Southern Otway Landcare Network (SOLN) to deliver the inaugural Great Otway Garden Festival. The two-day event celebrated Indigenous plants, sustainable gardening practices and the connection between environmental stewardship, health and wellbeing. The festival built on an already strong relationship between the two organisations, who collaborate on initiatives including aged care residents participation at the Shrub Club nursery, monthly community gardening working bees, and vegetable garden workshops held at Marrar Woorn. Bringing together residents, local businesses, volunteers and visitors, the festival celebrated and strengthened community wellbeing while showcasing the unique environmental assets of the Otways region. The festival was supported through sponsorship from Colac Otway Shire's Sustainability Team, Community Bank Apollo Bay and District, Goodlife Real Estate, Great Ocean Properties, Apollo Bay Chamber of Commerce, Apollo Bay Motel and Apartments, Colac Landscaping Supplies and Wild Dog Home Hardware. Presentations from respected speakers and the commitment of numerous volunteers and stallholders contributed significantly to the festival's success.





$171,000
Second Sails Op Shop Donation

$144,000
Lorne Op Shop Donation

$94,000
Annual Appeal

$470,000
Donations

Great Sustainability

We are committed to sustainability across all aspects of our health service, ensuring we are well positioned to meet current and emerging challenges and opportunities. We embrace innovation and continuous improvement to ensure we are well-equipped to handle external emergencies.

Great Ocean Road Health has strengthened its commitment to environmental sustainability and climate resilience. As one of the first health services to participate in the Department of Health's Climate Change Toolkit initiative, Great Ocean Road Health has commenced a comprehensive assessment of climate-related risks and opportunities for our organisation and community. This work has improved our understanding of how climate change may impact health service delivery, community wellbeing and organisational operations into the future. It has also supported the identification of practical actions to enhance preparedness, resilience and sustainability.

Our Environmental and Sustainability Committee continue to progress initiatives across our service that reduce our impact on the environment. Our previous Environment Action Plan has been updated to ensure our sustainability goals remain relevant, achievable and aligned with emerging best practice. Great Ocean Road Health joined Global Green and Healthy Hospitals, an international community of hospitals, health services, systems, and organisations dedicated to reducing the health sectors ecological impact.

A significant milestone was achieved with the introduction of the organisation's first electric vehicle (EV) as part of the transition towards a more sustainable fleet. In alignment with the Victorian Government's commitment to a fully electric public sector fleet by 2035, Great Ocean Road Health is progressively implementing its Fleet Transition Plan, which incorporates a combination of electric and hybrid vehicles alongside the development of supporting charging infrastructure across its sites.



Operational resilience was strengthened through improvements to emergency power infrastructure at the Lorne campus. Feedback from staff following previous power outages identified opportunities to improve generator fuel storage and reduce manual handling risks. In response, a second external diesel fuel tank was installed, providing an automatic fuel supply directly to the generator system.

The upgraded system is capable of powering the facility at full capacity for up to 16 hours, significantly improving reliability during extended outages while eliminating the need for manual refuelling by staff.

The replacement of ageing boiler systems in Apollo Bay and Lorne to improved energy efficiency has commenced. The new boiler in Apollo Bay has been installed, with works scheduled to commence at Lorne next financial year. These upgrades are expected to improve heating consistency, increase efficiency and enhance comfort throughout our facilities.

Great Ocean Road Health participated in the Victorian Government's free period products initiative. Three vending machines providing free pads and tampons were installed across Apollo Bay and Lorne sites, increasing access to essential hygiene products for community members, patients and visitors. The initiative aims to reduce barriers associated with period poverty and support broader participation in education, employment and community life.

Significant progress was made in workforce development and digital infrastructure. The People Plus program was expanded to strengthen and standardise Personal Development Reviews across the organisation, supporting employee growth, performance and engagement. Information technology enhancements included improvements to wireless internet connectivity, enabling aged care residents to stream television and entertainment services more effectively. The commissioning of Starlink technology further strengthened connectivity and network reliability across facilities, supporting both service delivery and resident experience.

Collectively, these initiatives demonstrate Great Ocean Road Health's ongoing commitment to sustainability, infrastructure renewal, technological advancement, employee development and the delivery of high-quality services that meet the evolving needs of the communities it serves.

2025 GREAT VALUES AWARD RECIPIENTS

Genuine:
- Shane Dorney
- Austin Duignan
- Emma McCarthy

Empathy:
- Kelsey Morcom
- Kathryn Ross
- Eilidh Campbell

Teamwork:
- Samantha Dixon
- Karen Heathcote
- Parwinder Kaur

Respect:
- Grace Collins
- Liz Maginness
- Jennifer Lingam

Accountable:
- Meloney Howell
- Pip Cuming
- Pip Graham



Financial Information

Finance Officer Report

Great Ocean Road Health has continued to maintain a strong financial position, while continuing to invest in services, workforce and infrastructure required to support the health care needs of our community.

During 2025–26 we recorded total revenue of $27.4M and a $53k net operating deficit. The financial result reflects another year of increasing activity and demand for our services, together with investment of $985K in capital projects, infrastructure and medical equipment.

Employment and Contractor costs remain our largest expense, representing 81% of total operating costs. Wage growth continued during the year as Enterprise Bargaining Agreement outcomes were implemented across the health sector. We made further progress in reducing reliance on agency staffing through successful recruitment and retention initiatives, improving workforce stability.

Our General Practitioners (GP) Registrar Program continues to be an important investment in our future rural medical workforce. Successful recruitment of Registrar Doctors during the year allowed us to increase patient access to primary care services and further reduce reliance on locum GPs. Our GPs are central to ensuring the delivery of primary care through our Medical Clinics and the sustainability of our hospital and aged care residential services.

The transition from Home Care Packages to the Support at Home program has also been a significant focus for our Community Services team during the year. Considerable work has been undertaken to prepare for and implement this reform, while ensuring clients continue to receive high-quality services with minimal disruption.

Great Ocean Road Health is reliant on the generosity of the communities we serve. We acknowledge and thank our many community donors, whose donations and fundraising continues to enhance the care we provide and fund critical equipment.

I would like to acknowledge the ongoing financial support of the Second Sails Op Shop and the Lorne Op Shop, and their commitment to supporting their local communities.

Finally, I would like to sincerely thank our Board for their ongoing governance and leadership, together with our staff, volunteers, and our community for their ongoing commitment and dedication to delivering on Our Purpose: To provide Great Health Care to enable people to live purposeful, healthy and engaged lives.



Joel Hearnshaw

Senior Finance Manager
Great Ocean Road Health

Income Statement

Financial Information	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
NET OPERATING RESULT*	(53)	(137)	(621)	(84)	76
Total revenue	27,409	25,701	22,872	23,523	20,418
Total expenses	29,560	26,669	24,291	23,640	21,240
Net result from transactions	(2,151)	(968)	(1,419)	(117)	(822)
Total other economic flows	95	87	121	33	138
Net result	(2,056)	(881)	(1,298)	(84)	(684)
Total Assets	48,539	50,802	49,133	49,584	46,042
Total Liabilities	11,580	11,787	9,237	8,653	9,045
Net Assets/Total Equity	36,959	39,015	39,896	40,931	36,997

Reconciliation of Net Result from Transactions and Operating Result	2026 $000
Net Operating result	(53)
Capital Purpose Income	60
Specific income	201
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	3
State supply items consumed up to 30 June 2025	(3)
Assets provided free of charge	-
Assets received free of charge	-
Expenditure for capital purpose	(156)
Depreciation and amortisation	(2,203)
Impairment of non-financial assets	-
Net Result from Transactions	(2,151)

Disclosure of Review & Study Expenses

During the 2025-2026 financial year, no external provider reviews were engaged as part of a contract to perform a review. During the 2025-2026 financial year, no internal reviews or studies were conducted.

Consultancies Information

Details of consultancies (under $10,000).

In 2025-2026 there were no consultancies where the total fees payable to the consultants were less than $10,000. No expenditure was incurred during 2025-2026 in relation to any consultancies that were less than $10,000.

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

In 2025-2026 there was one consultancy where the total fees payable to the consultants were valued at $10,000 or greater. The total expenditure incurred during 2025/2026 in relation to this consultancy was $27,529 (excl. GST). Details of this consultancy are available upon request and are subject to the Freedom of Information Act 1982. The following table details consultancies over $10,000

Consultant	Purpose	Start Date	End Date	Total Project Fees (ex. GST)	Expenditure 2025-26 (ex. GST)	Future expenditure (excl GST)
Cooper Hardiman Pty Ltd	Provided support on individual HR matter	08/09/25	28/10/25	27,529	27,529	n/a

Information & Communications Technology (ICT expenditure)

The total ICT expenditure incurred during 2025-2026 is $905K (excluding GST) with the details shown below.

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non BAU) ICT expenditure		
Total (excluding GST) $'000	Total Operational expenditure and capital expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST)
905	0	0	0

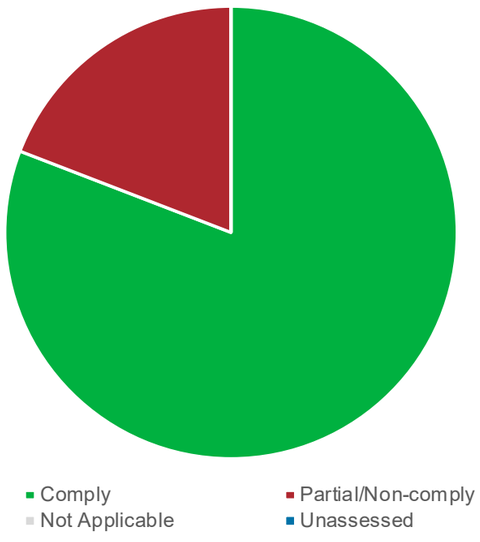
Grants and Transfer Payments

During the 2025-2026 financial year, no grants or transfer payments were made by Great Ocean Road Health. Great Ocean Road Health has not provided assistance to certain companies or organisations. No financial assistance was provided in 2025-26.

Asset Management Accountability Framework

The following sections summarise Great Ocean Road Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). Great Ocean Road Health meets the majority of AMAF requirements. Where deficiencies have been identified, a continuous improvement plan is in place.

AMAF Compliance



AMAF Framework

Leadership and Accountability (requirements 1-19)

Great Ocean Road Health complied with a majority of the requirements in this area including leadership and accountability, resources and skills, governance, allocating asset management responsibility, asset management system performance, reporting to government and evaluation of asset performance. There is no material non-compliance reported in this category. A plan for improvement is in place to improve Great Ocean Road Health's maturity rating in the areas of attestation requirements and monitoring asset performance.

Asset Planning (requirements 20-23)

Great Ocean Road Health has complied with requirement 23 under Risk Management and Contingency Planning. Great Ocean Road Health is developing an Asset Management Strategy, as well as developing a Risk Management and Contingency Plan.

Acquisition (requirements 24 and 25)

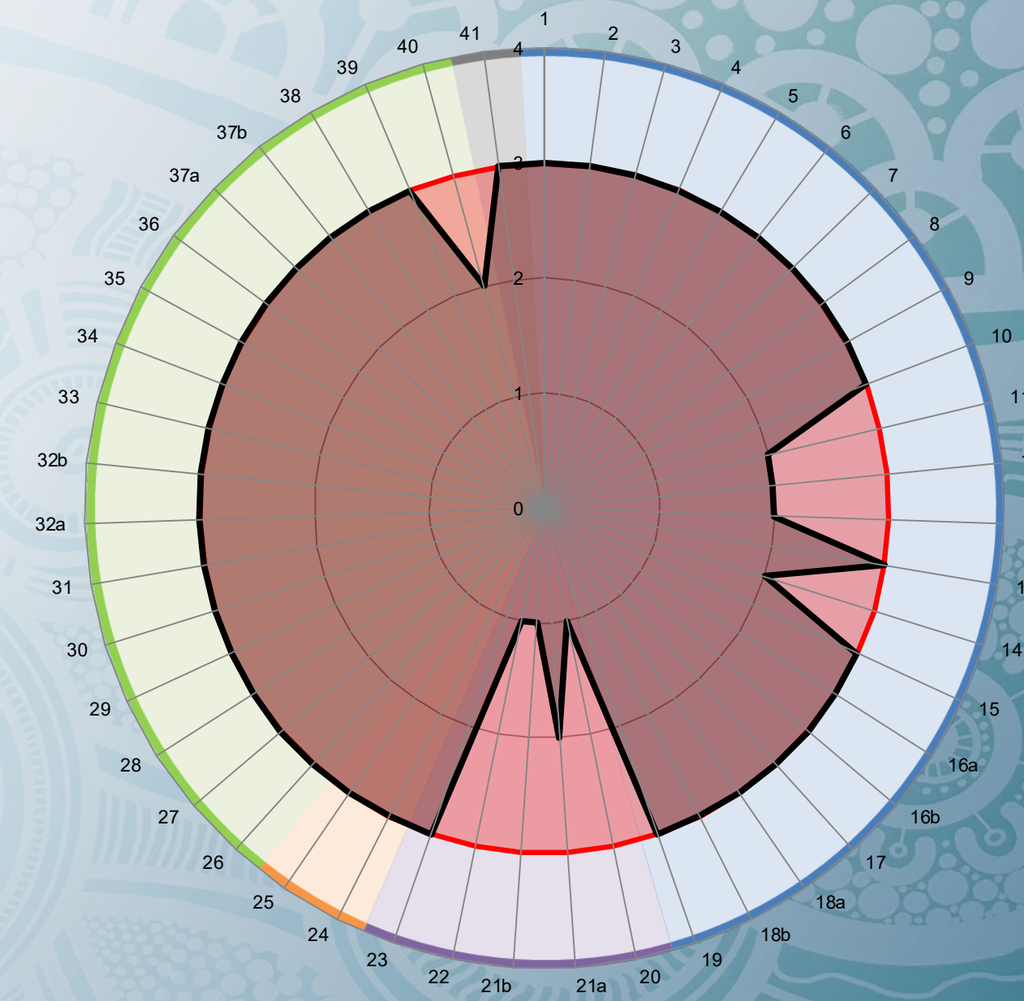
Great Ocean Road Health has met or exceeded its target maturity level in acquisition categories.

Operation (requirements 26-40)

Great Ocean Road Health has met or exceeded its target maturity level under most requirements within this category. Great Ocean Road Health did not comply with one of the requirements in the asset valuation requirement 40. Great Ocean Road Health is developing a plan for improvement to establish processes to improve the capture of this data.

Disposal (requirement 41)

Great Ocean Road Health has met its target maturity level in this category.



AMAF Compliance and Maturity Rating Tool

Legend	
Status	Scale
Not Applicable	N/A
Innocence	0
Awareness	1
Developing	2
Competence	3
Optimising	4
Unassessed	U/A

Target

Overall

Social Procurement Framework

Great Ocean Road Health is committed to applying best value procurement principles, supporting positive social procurement practices, to deliver social and sustainable outcomes for our community. Our internal processes are guided by HealthShare Victoria's (HSV) Social Procurement Framework (SPF).

We are an equal opportunity employer, committed to attracting and retaining a diverse workforce that reflects the community we serve, including First Nations People, people with disabilities, gender equality, and job readiness for priority jobseekers.

During 2025-26, Great Ocean Road Health continued its commitment to social procurement by engaging registered social benefit suppliers that deliver both economic and community benefits. The three registered social benefit suppliers engaged during the reporting period were Social Planet Pty Ltd, Amplify Alliance Australia, and Ultraviolet Light Australia Pty Ltd (trading as White Swan). White Swan is an Indigenous-owned business and remains Great Ocean Road Health's preferred provider for plumbing, electrical and air conditioning services.

In addition to formally registered suppliers, Great Ocean Road Health engaged Paint It Black, a WORK180 Endorsed Employer. Paint It Black has held this endorsement since 2023. WORK180 is a platform that supports women and marginalised groups to make informed career decisions by identifying employers committed to equity, inclusion and career progression. Endorsed employers must demonstrate a genuine and ongoing commitment to advancing opportunities for women in the workplace.

Our Actions

- Continue to work collaboratively with healthcare partners across the Barwon and Barwon South West regions to improve service access, coordination and outcomes.
- Produce goods and services through a regional approach in collaboration with the Barwon Local Health Service Network and South West Partnership.
- Apply best value procurement principles and HealthShare Victoria's Social Procurement Framework in purchasing and supplier engagement activities.
- Continue to engage social benefit suppliers that deliver economic, environment, social and community outcomes.
- Continue to explore opportunities for First Nations businesses, social enterprises and local suppliers through procurement activities where they meet organisational requirements.
- Support workforce diversity, equity and inclusion through procurement and employment practices that create opportunities for First Nations peoples, people with disabilities, women and priority jobseekers.
- Consider social, environmental and community outcomes when making purchasing and supplier engagement decisions



Social Procurement Activities and Commitments

Number of social benefit suppliers engaged during the reporting period	5
Total value of contracts awarded to social benefit suppliers engaged during the reporting period	$444,308
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive):	$403,916
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government:	2
Total number of contracts that include social procurement commitments:	77



Attestations, Disclosures & General Information

Attestations and Declarations

Responsible Body Declaration

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

Dr. Joy Humphreys
Board Chair
Great Ocean Road Health
27th August 2026

Attestation on Financial Management Compliance

I, Joy Humphreys, on behalf of the Responsible Body, certify that Great Ocean Road Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

Dr. Joy Humphreys
Board Chair
Great Ocean Road Health
27th August 2026

Attestation on Data Integrity

I, Brandon Howard, certify that Great Ocean Road Health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Great Ocean Road Health has critically reviewed these controls and processes during the year.

Brandon Howard
Chief Executive Officer
Great Ocean Road Health
27th August 2026

Attestation for Integrity, Fraud and Corruption

I, Brandon Howard, certify that Great Ocean Road Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud, and corruption risks have been reviewed and addressed at Great Ocean Road Health during the year.

Brandon Howard
Chief Executive Officer
Great Ocean Road Health
27th August 2026

Attestation on Compliance with Health Share Victoria (HSV) Purchasing Policies

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

Brandon Howard
Chief Executive Officer
Great Ocean Road Health
27th August 2026

Conflict of Interest

I, Brandon Howard, certify that Great Ocean Road 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 Great Ocean Road 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.

Brandon Howard
Chief Executive Officer
Great Ocean Road Health
27th August 2026

Compliance with Legislation

Freedom of Information Act 1982

The Freedom of Information Act 1982 (FOI) provides the right to obtain information held by Great Ocean Road Health. Requests under the Act are made in writing to the Administration Officer. Great Ocean Road Health's Authorised Officer is the CEO. For access to medical records, there was a mandatory application fee of $32.70.

During the 2025-26 financial year, Great Ocean Road Health received 35 applications for access to documents under the FOI. Of these requests, 0 were from Members of Parliament, 0 from the media, and the remainder from the general public.

Great Ocean Road Health made 27 FOI decisions during the 12 months ending 30 June 2026. There were 26 decisions made within the statutory time periods. One decision was made outside the statutory time periods. No FOI access decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 11 days. During 2025-26, no requests were subject to a complaint or internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

Great Ocean Road Health complies with the Building Act 1993 and relevant provisions of the National Construction Code, with compliance supported through annual essential safety measures inspections, routine servicing, and certification submitted to the Department of Health.

During the 2025–26 financial year, several major capital works projects (> $50,000) were undertaken to address asset protection, compliance, and service delivery needs. Key projects included the organisation-wide painting program, boiler replacements, aged care resident television upgrades, Ramsden Avenue office refurbishment, and the aged care hoist and tracking upgrade, alongside progression of larger strategic projects including the Apollo Bay Community Hub redevelopment, main electrical switchboard upgrade, and main fire panel replacement. These projects collectively improved asset condition, compliance, safety, and functionality across both campuses.

In addition, the Apollo Bay Community Services Building Refurbishment progressed through final defect rectification and close-out. Great Ocean Road Health continues to utilise structured maintenance and asset management systems, including scheduled maintenance programs and condition reporting, to support ongoing compliance and risk management. No emergency or building orders were issued during the reporting period.

Public Interest Disclosure Act 2012

Great Ocean Road Health complies with Clause 70 under the Public Interest Disclosure Act 2012. Protected disclosures may be made to the CEO. No protected disclosures were made under the Act in the 2025-26 financial year.

National Competition Policy

Great Ocean Road Health complies with the National Competition Policy, and the requirements of the government policy statement under the Competitive Neutrality Policy Victoria and all subsequent reforms. No alterations have been made between July 2025 and June 2026. No competitive neutrality complaints were made under this policy.

Carers Recognition Act 2012

The Carers Recognition Act 2012 recognises, promotes and values the role of carers and the importance of care relationships in the Victorian community. Great Ocean Road Health has taken all practical measures to comply with its obligations under the Carers Recognition Act. These include:

- promoting the principles of the Act to people in care relationships who receive our services and to the wider community (e.g. distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act, developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
- implementing priority actions in Victorian Carer Strategy 2025-2035.

Environmental Performance

Great Ocean Road Health complies with environment performance targets and regulations under FRD24 Reporting of environmental data by government entities for the reporting period beginning on or after 1 July 2022.

Local Jobs First Act 2003

The Local Jobs First Act 2003 introduced in August 2018 brings together the Victorian Industry Participation Policy (VIPP) and Major Project Skills Guarantee (MPSG) policy which were previously administered separately. The Victorian Government requires public bodies and departments to report on the implementation of the Victorian Industry Participation Policy Act 2003, "reformed in August 2018 by the Victorian Parliament into the Local Jobs First Act 2003". No projects undertaken by GORH during 2025-26 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.

Safe Patient Care Act 2015

In accordance with Safe Patient Care Act 2015, Great Ocean Road Health has complied with all government requirements in the 2025-26 reporting period. Great Ocean Road Health provides the correct staffing levels in caring for its patients. Great Ocean Road Health has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Gender Equality Act 2020

Throughout 2025, Great Ocean Road Health continued to strengthen its commitment to gender equality, inclusion and workforce wellbeing. As a small rural health service, progress has focused on embedding sustainable systems, policies and practices that support equitable opportunities, flexible work, respectful workplace behaviours and inclusive decision-making. Key achievements included strengthening governance and Gender Impact Assessment processes, enhancing workforce data and reporting capability through ongoing HRIS implementation, improving recruitment and development practices, supporting flexible work and progressing the organisation's

commitment to becoming a Menopause Friendly accredited workplace. Employee experience feedback also demonstrated improved perceptions of fairness, flexibility and inclusion across the organisation.

Building on these foundations, Great Ocean Road Health developed its 2026-2030 Gender Equality Action Plan. The new Plan adopts a practical and evidence-based approach aligned to the needs of a rural health service. The plan focuses on strengthening workforce data and intersectional insights, maintaining pay equity, supporting inclusive recruitment and career progression, embedding safe and respectful workplace practices, enhancing flexible work and caring supports, and building leadership capability to advance gender equality in everyday practice. Through these actions, Great Ocean Road Health remains committed to advancing an inclusive workplace that supports high-quality care for the communities we serve.

Employment Practices

Great Ocean Road Health is committed to the principles of merit and equity in the workplace with respect to employment, promotion and opportunity. Selection processes reflect equal opportunity and diversity principles. The organisation recognises the Public Sector Code of Conduct and actively promotes a positive working environment and values-based culture, which includes a code of conduct for staff and volunteers.

Government Advertising Campaign

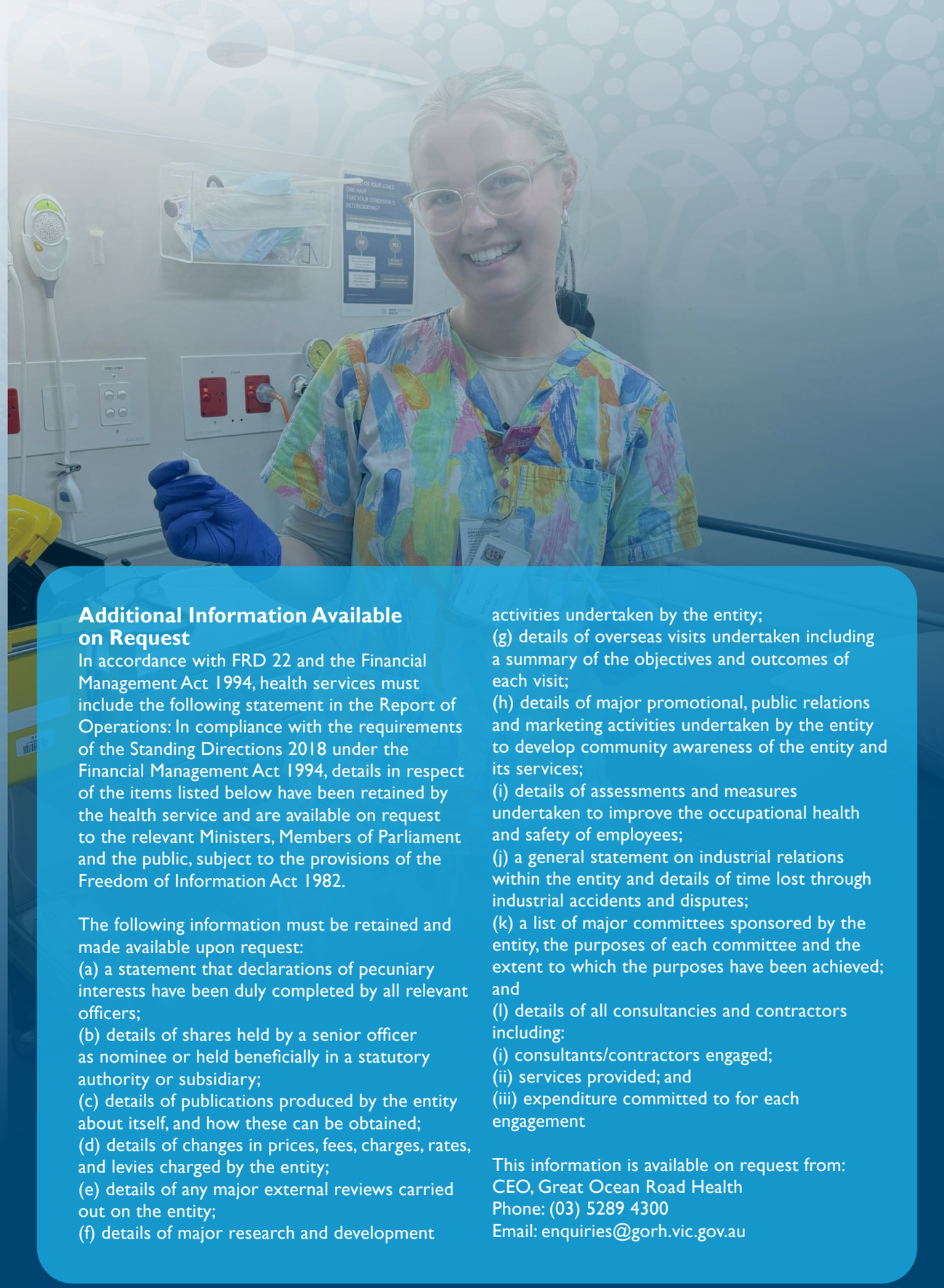
Nil reports - no government advertising campaigns with total media expenditure of $100,000 or greater was undertaken in the 2025-26 financial year by Great Ocean Road Health.

Disclosure of Emergency Procurement

During the 2025-26 financial year, no emergency procurement of goods and services were made within the scope of the Victorian Government Purchasing Board procurement framework.

Emergency Procurement and Procurement Complaints

During the 2025-26 financial year, no procurement complaints were received by Great Ocean Road Health in relation to the procurement of goods and services by entities within the scope of the Victorian Government Purchasing Board framework. Nil reports are required where emergency procurement was not activated and no complaints were received, resulting in nil spending for emergency procurements.



Additional Information Available on Request

In accordance with FRD 22 and the Financial Management Act 1994, health services must include the following statement in the Report of Operations: In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the Freedom of Information Act 1982.

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

This information is available on request from:
CEO, Great Ocean Road Health
Phone: (03) 5289 4300
Email: enquiries@gorh.vic.gov.au



Environmental Performance

Environmental Performance & Sustainability

Great Ocean Road Health is committed to advancing environmental sustainability through collaboration, education and strategic partnerships. We recognise the importance of using resources responsibly and efficiently while maintaining the highest standards of care for our community.

Throughout 2025-26, our environmental sustainability program continued to evolve under the guidance of our Environmental Management Plan (EMP). The plan supports the adoption of practices that reduce the environmental impact of healthcare operations while contributing to improved public health outcomes. The EMP is overseen by the Environmental Sustainability Committee.

Environmental sustainability is embedded across all areas of our operations, including governance, education, energy management, waste reduction and the development of more sustainable infrastructure. The EMP aims to integrate sustainable practices into everyday operations through established governance and infrastructure support structures led by our Chief Executive Officer, Support Services Manager and Project Manager, together with the Infrastructure Committee and Inclusive Practice Committee.

Our staff play an active role in supporting sustainability initiatives through responsible recycling practices and efforts to minimise energy consumption. We are committed to reducing, reusing and recycling materials, packaging and waste streams wherever possible to lessen our environmental footprint. Preference is given to environmentally responsible suppliers and sustainable products where practical.

Great Ocean Road Health closely monitors energy and water consumption to encourage efficient resource use. Investments in energy-efficient technologies, renewable energy sources and smart building systems continue to support our sustainability objectives.

Through education and awareness initiatives, we help prepare our organisation and local communities for the impacts of extreme weather events and other environmental challenges.

A key example of this work is the community plan 'Fire Ready Apollo Bay', which aims to enhance community bushfire preparedness through engagement activities, planning exercises and practical simulations. Daily situational assessment meetings support organisational readiness for both internal and external emergencies, while our Summer Preparedness Schedule helps ensure preparedness remains a year-round priority. The Fire Ready Plan was activated during the 2025-26 fire season in response to several nearby bushfire events affecting the Apollo Bay region.

Environmental performance data presented in the accompanying sustainability tables has been collected and reported through our environmental data management platform, EdenSuite. Indicators are reported only where relevant and where reliable data is available. To improve reporting accuracy, several measurement methodologies have been refined since the 2023-24 reporting period. As a result, this may limit comparability with data from later years.

Greenhouse Gas Emissions

Great Ocean Road Health continues to reduce our scope 2 and 3 greenhouse gas emissions. Increases in scope 1 greenhouse gas emissions in 2025-26 are due to increased accuracy in reporting and increased occupancy across both facilities.

GREENHOUSE GAS EMISSIONS	2025-26	2024-25	2023-24	2022-23
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]				
Carbon Dioxide	213.03	184.72	138.23	116.55
Methane	0.54	0.45	0.45	0.26
Nitrous Oxide	0.72	0.63	0.47	0.43
Total	214.30	185.80	139.15	117.24
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) [tonnes CO2-e]	159.79	132.29	137.12	70.73
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) [tonnes CO2-e]	54.50	53.51	203.00	46.51
Medical/Refrigerant gases				
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	214.29	185.80	340.12	117.24
G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]				
Electricity	310.98	320.28	321.21	339.80
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	310.98	320.28	321.21	339.80
G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)				
Commercial air travel	0	0	0	0
Waste emissions (WR5)	29.29	45.76	31.22	27.14
Indirect emissions from Stationary Energy	95.44	87.53	85.36	67.36
Indirect emissions from Transport Energy	13.79	13.55	50.00	5.57
Paper emissions				
Water emissions	4.82	5.59	6.06	5.85
Any other Scope 3 emissions	0.00	0.00	0.00	0.00
Total scope three greenhouse gas emissions [tonnes CO2e]	143.33	152.43	172.64	105.92
G(Opt) Net greenhouse gas emissions (tonnes CO2e)				
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	668.61	658.52	583.51	562.95
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.05	0.05	0.05	0.05
Carbon Neutral Electricity	0.00	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	-329.27	0.00	0.00	0.00
Any Offsets purchased	-329.27	0.00	0.00	0.00
Net greenhouse gas emissions (CO2-e(t))	339.34	658.52	583.51	562.95

Electricity Use

Great Ocean Road Health closely monitors energy consumption to ensure efficient use of resources. Total Electricity Consumption is consistent in previous years ranges. The significant increase in total energy offsets, with an increase of 396% is notable and a reflection of LGCs voluntarily retired on the entity's behalf.

ELECTRICITY USE	2025-26	2024-25	2023-24	2022-23
EL1 Total electricity consumption segmented by source [MWh]				
Purchased	467.69	485.54	488.37	494.64
Self-generated	112.53	119.44	93.03	105.48
EL1 Total electricity consumption [MWh]	580.23	604.98	581.41	600.13
EL2 On site-electricity generated [MWh] segmented by:				
Consumption behind-the-meter				
Solar Electricity	112.53	119.44	93.03	105.48
Total Consumption behind-the-meter [MWh]	112.53	119.44	93.03	105.48
Exports				
Solar Electricity	4.95	0.00	0.00	0.00
Total Electricity exported [MWh]	4.95	0.00	0.00	0.00
EL2 Total On site-electricity generated [MWh]	117.49	119.44	93.03	105.48
EL3 On-site installed generation capacity [kW converted to MW] segmented by:				
Diesel Generator	0.35	0.35	0.35	0.35
Solar System	0.09	0.09	0.09	0.09
EL3 Total On-site installed generation capacity [MW]	0.44	0.44	0.44	0.44
EL4 Total electricity offsets segmented by offset type [MWh]				
LGCs voluntarily retired on the entity's behalf	357.90			
RPP (Renewable Power Percentage in the grid)	83.76	88.91	91.62	92.99
EL4 Total electricity offsets [MWh]	441.67	88.91	91.62	92.99

Stationary Energy

Total LPG used in building and machinery for 2025-26 has increased, due to upgraded infrastructure. Overall Greenhouse gas emissions from stationary fuel consumption has also increased.

STATIONARY ENERGY	2025-26	2024-25	2023-24	2022-23
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]				
LPG	2,625,697.00	2,171,685.90	2,262,656.40	1,167,134.70
Diesel	9,634.40	9,796.60		
F1 Total fuels used in buildings [MJ]	2,635,331.40	2,181,482.50	2,262,656.40	1,167,134.70
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]				
LPG	159.12	131.60	137.12	70.73
Diesel	0.68	0.69		
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	159.79	132.29	137.12	70.73

Transport Energy

Sustainable transport is a crucial component of Great Ocean Road Health's commitment to reducing our carbon footprint. We are transitioning our fleet to zero-emission vehicles, with a Fleet Transition Plan in place. The plan is underpinned using electric and hybrid vehicles and the establishment of Electric Vehicle (EV) charging infrastructure.

The EV Charging Project is currently in the sourcing phase. 33% of Great Ocean Road Health's fleet comprises hybrid vehicles. These tools have been incorporated into Great Ocean Road Health's Asset Management Plan, helping to guide the transition to a fully zero-emission fleet by 2035. The increased diesel usage is attributed to generator operations at our Lorne campus, with fuel purchases made using company-issued fuel cards.

TRANSPORT ENERGY	2025-26	2024-25	2023-24	2022-23
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]				
Non-executive fleet - Gasoline	682,618.00	682,700.40		
Petrol	682,618.00	682,700.40		
Executive fleet - E10				583,898.80
Petrol (E10)				583,898.80
Executive fleet - Diesel			28,853.50	155,523.20
Non-executive fleet - Diesel	118,486.50	104,305.10		
Diesel	118,486.50	104,305.10	28,853.50	155,523.20
Total energy used in transportation (vehicle fleet) (MJ)	801,104.50	787,005.50	28,853.50	739,422.00
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category				
Total number and proportion of vehicles	21.00	20.00	20.00	20.00

Vehicle type		ULP	Diesel	Hybrid	Electric
Passenger vehicles		9	0	7	1
Buses	Light bus	1	0	0	0
	Heavy bus	0	2	0	0
Goods vehicles		0	1	0	0

TRANSPORT ENERGY	2025-26	2024-25	2023-24	2022-23
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]				
Non-executive fleet - Gasoline	46.99	46.16		
Petrol	46.99	46.16	35.56	35.56
Diesel	8.34	7.34	2.03	10.95
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	54.50	53.51	37.59	46.51
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)				
Total distance travelled by commercial air travel	0	0	0	0
T(opt1) Total vehicle travel associated with entity operations [1,000 km]				
Total vehicle travel associated with entity operations [1,000 km]	295.83	256.79	261.12	256.98
T(opt2) Greenhouse gas emissions from vehicle fleet [tonnes CO2-e per 1,000 km]				
tonnes CO2-e per 1,000 km	0.18	0.21	0.14	0.18

Total Energy Use

TOTAL ENERGY USE	2025-26	2024-25	2023-24	2022-23
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]				
Total energy usage from stationary fuels (F1) [MJ]	2,635,331.40	2,181,482.50	2,262,656.40	1,167,134.70
Total energy usage from transport (T1) [MJ]	801,104.50	787,005.50	28,853.50	739,422.00
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	3,436,435.90	2,968,488.00	2,291,509.90	1,906,556.70
E2 Total energy usage from electricity [MJ]				
Total energy usage from electricity [MJ]	2,088,812.73	2,177,911.43	2,093,058.96	2,160,451.02
E3 Total energy usage segmented by renewable and non-renewable sources [MJ]				
Renewable	1,995,122.56	750,038.06	664,741.52	772,897.65
Non-renewable (E1 + E2 - E3 Renewable)	3,530,126.07	4,396,361.36	3,719,827.34	3,294,110.08
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser				
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	348.75	347.14	433.92	337.31
Energy per unit of LOS (MJ/LOS)	4,255.99	4,564.81	4,604.35	3,536.22
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	322.34	322.61	396.55	307.94
Energy per unit of Separations (MJ/Separations)	9,448.29	9,158.39	9,387.32	13,981.45
Energy per unit of floor space (MJ/m2)	716.76	661.42	660.86	504.87

Sustainable Building and Infrastructure

Great Ocean Road Health seeks to reduce our environmental footprint through sustainable buildings and energy-efficient infrastructure. Sustainable building practices are at the core of our infrastructure development efforts. Great Ocean Road Health is integrating renewable energy solutions such as solar into its building designs. Sustainable infrastructure projects are a priority, helping to reduce greenhouse gas emissions and reliance on non-renewable energy sources. These practices include the use of energy-efficient lighting, passive solar design and renewable energy solutions such as solar, wind and geothermal energy. Efforts are made to reduce the environmental impact of buildings by improving indoor air quality, occupant comfort and overall energy efficiency. Several key infrastructure projects are currently in progress to embed environmental sustainability into Great Ocean Road Health's physical spaces. Through continued collaboration and leadership, Great Ocean Road Health will help lead the way towards a more sustainable future.

Sustainable Procurement

Great Ocean Road Health closely monitors water consumption to ensure efficient use of resources. Efforts to reduce potable water use, including the installation of dual-flush toilets and the implementation of rainwater harvesting systems at the Lorne campus, are also continuing. Regular maintenance and quick rectification of leaks and inefficiencies help to ensure that water consumption remains as low as possible.

Great Ocean Road Health is participating in the Barwon Water My Meter Project where a digital meter provides real-time water meter monitoring of water usage, to improve leak detection, water usage monitoring, and overall network efficiency.

Normalisation Factors

NORMALISATION FACTORS	2025-26	2024-25	2023-24	2022-23
1000km (Corporate)				
1000km (Non-emergency)				
Aged Care OBD	13,822.00	12,558.00	10,038.00	9,865.00
ED Departures	0.00	0.00	0.00	0.00
FTE	147.00	133.00	121.00	
LOS	1,110.00	955.00	946.00	941.00
OBD	14,932.00	13,513.00	10,984.00	10,806.00
PPT	15,432.00	13,989.00	11,448.00	11,044.00
Separations	500.00	476.00	464.00	238.00
TotalAreaM2	6,591.00	6,591.00	6,591.00	6,591.00

SUSTAINABLE PROCUREMENT	2025-26	2024-25	2023-24	2022-23
WATER USE				
W1 Total units of metered water consumed by water source (kl)				
Potable water [kL]	3,434.00	3,418.00	3,612.16	3,453.00
Total units of water consumed [kl]	3,434.00	3,418.00	3,612.16	3,453.00
W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity				
Water per unit of Aged Care OBD (kL/Aged Care OBD)	0.25	0.27	0.36	0.35
Water per unit of LOS (kL/LOS)	3.09	3.58	3.82	3.67
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.23	0.25	0.33	0.32
Water per unit of Separations (kL/Separations)	6.87	7.18	7.78	14.51
Water per unit of floor space (kL/m2)	0.52	0.52	0.55	0.52



Waste and Recycling

Great Ocean Road Health is implementing a variety of waste reduction initiatives aimed at minimising environmental impacts. The organisation is expanding recycling infrastructure, including facilities for paper, cardboard, glass, batteries, light globes, coffee pods, mask recycling and organic waste. Efforts are also underway to avoid waste creation by promoting the reallocation of mobile phones, swipe cards, and recycled furniture. Waste avoidance initiatives, such as the reallocation of mobile phones and swipe cards, are ongoing. The decrease in general waste landfill is a reflection waste reduction initiatives.
Additional cardboard recycling is required at our Apollo Bay campus due to FoodBank deliveries for the Marrar Woorn Food Pantry.
Organic waste has also increased at our Apollo Bay and Lorne campuses and is being utilised back into community gardening programs.

WASTE AND RECYCLING	2025-26	2024-25	2023-24	2022-23
WR1 Total units of waste disposed of by waste stream and disposal method [kg]				
Landfill (total)				
General waste	21,936.29	34,534.01	23,338.56	19,949.28
Offsite treatment				
Clinical waste - incinerated	28.92	24.95	14.98	
Clinical waste - sharps	163.68	152.67	153.00	118.10
Clinical waste - treated	409.40	515.44	516.49	813.30
Recycling/recovery (disposal)				
Cardboard	2,320.00	1,872.00	2,098.10	
Commingled	3,920.00	812.00	3,643.20	5,512.32
Organics (food)	480.00			
Organics (garden)	3,120.00	1,404.00	34.94	296.99
Total units of waste disposed [kg]	**32,378.29**	**39,290.13**	**29,799.27**	**26,689.99**
WR1 Total units of waste disposed of by waste stream and disposal method [%]				
Landfill (total)				
General waste	67.75%	87.89%	78.32%	74.74%
Offsite treatment				
Clinical waste - incinerated	0.09%	0.06%	0.05%	
Clinical waste - sharps	0.51%	0.39%	0.51%	0.44%
Clinical waste - treated	1.26%	1.31%	1.73%	3.05%
Recycling/recovery (disposal)				
Cardboard	7.17%	4.76%	7.04%	
Commingled	12.11%	2.07%	12.23%	20.65%
Organics (food)	1.48%			
Organics (garden)	9.64%	3.57%	0.12%	1.11%
WR2 Percentage of office sites covered by dedicated collection services for each waste stream				
Printer cartridges	100%	100%	100%	100%
Batteries	100%	100%	100%	100%
e-waste	100%	100%	100%	100%
Soft plastics	0%	0%	0%	0%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method				
Total waste to landfill per PPT [(kg general waste)/PPT]	1.45	2.47	2.04	1.81
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.04	0.05	0.06	0.08
Total waste recycled and reused per PPT [(kg recycled and reused)/PPT]	0.65	0.29	0.50	0.53
WR4 Recycling rate [%]				
Weight of recyclable and organic materials [kg]	9,840.00	4,088.00	5,776.24	5,809.31
Weight of total waste [kg]	32,378.29	39,290.13	29,799.27	26,689.99
Recycling rate [%]	30.39%	10.40%	19.38%	21.77%
WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]				
tonnes CO2-e	29.29	45.76	31.22	27.14

Statement of Priorities



The Statement of Priorities are aligned with the Great Ocean Road Health Strategic Plan 2022-2025.

SYSTEM PRIORITIES

Innovate and improve access and care

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

Goal: Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.

Health Service Deliverable	Outcome	Commentary
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.	Achieved	• Established regular consumer feedback mechanisms to inform service improvements and clinical governance decision-making including an Urgent Care text message experience survey– newer initiative and effective in collecting quality data. • Strategic Planning – significant community engagement • Co-design activities to ensure services were responsive to the needs of local communities i.e. Community Advisory Committee were instrumental in a series of Menopause workshops and a review of our Urgent Care signage at our Apollo Bay campus.
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.	Achieved	• Supported a culture of continuous improvement through education, reflective practice, quality improvement activities and implementation of learnings from audits, incidents and consumer feedback. • Great Care Newsletter utilised to regularly communicate quality, safety, performance and improvement activities with staff and consumers promoting accountability and shared learning. • Community Advisory Committee introduced annual reporting of consumer feedback, compliments and incident data to strengthen transparency and consumer engagement in quality improvement. • People Matter Survey results demonstrated positive staff perceptions regarding accountability, learning and continuous improvement, supporting a strong organisational culture.
Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Achieved	• Refreshed mandatory training program for all staff, Volunteers are also invited to attend. • Comprehensive training program in place aligned to safety and quality goals. • Continuous improvement through education, audits and feedback. • Implementation of People Plus for Professional Development Reviews.

Prudent, sustainable and effective use of resources

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

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

Health Service Deliverable	Outcome	Commentary
Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	Achieved	• Great Ocean Road Health in consultation with the Senior Leadership Team and the Board has developed a Financial Management Improvement Plan and a Budget Action Plan (BAP) to reduce costs and increase income, by optimising procurement activities, monitoring agency costs and overtime. • Positive recruitment outcomes continue to reduce nurse agency costs, with the savings exceeding the BAP requirement. • Positive experiences with international recruitment has enabled us to reduce our positions vacant for registered nurses from 10 to 0 in 12 months.
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.	Achieved	• Environmentally sustainable data analytics has allowed us to further understand the impact of ageing infrastructure on the cost of providing healthcare. Eg: Purchased new boiler system in Apollo Bay, 95% more energy efficient compared to outdated model. • Understanding the increased risk of climate chang and the increased risk of electrical outages, we have purchased additional fuel tanks for our generator at Lorne, reducing the OH&S risk for staff and reducing the need for staff to access fuel out of hours.
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.	Achieved	• Implementation of text messenging system for community services appointments. • Implementation of Microsoft Teams and associated products to build efficiencies internally. • Project completed to increase residential care beds in Apollo Bay. • Expanded local access to mental health support by increasing visiting services from Neami National, Headspace and private mental health providers, reducing the need for consumers to travel outside the region. • Expand access to GPs, reducing pressure on urgent care.



A stronger workforce

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

Goal: 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 re-generative and sustainable workforce.

Health Service Deliverable	Outcome	Commentary
Implement processes to sustain workforce supply and fulfil obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	In Progress	• Gender Equality Plan. • Gender Equality Assessments for new programs and relevant policies. • Working towards Menopause Friendly Workplace Accreditation (working group established, workplace education and training, period products in cars, desk fans, review of uniform, review of Flexible Workplace Agreements etc). • Training for staff. • People Matters results positive.
Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	Achieved	• Dashboard created for workforce metrics including safety culture measures. • Agenda item on Safety, Culture and Clinical Governance Committee.

Moving from competition to collaboration

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

Goal: 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.

Health Service Deliverable	Outcome	Commentary
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).	Achieved	• Participated in LHSN projects; Workforce: Expanding the Nurse Practitioner Model of Care, Graduate Nurse program. • Access, equity and flow: service Operations centre program, Barwon Acute referral service, to enable improved patient flow and communication. Residential In reach program. • Safety & Quality: Safer Together program, Clinical governance maturity assessment. • Contributed to the development of the LHSN clinical services plan.



Improving Aboriginal health and wellbeing

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

Goal: 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.

Health Service Deliverable	Outcome	Commentary
Deliver high-quality cultural safety training to all executives and staff using independent expert, community-controlled organisations or a registered Aboriginal business.	In Progress	• The leadership team have driven the outcomes for cultural safety by auditing and reporting "asking the question" data with a KPI of 100%. • The Inclusive Practice Committee oversees implementation of the Aboriginal and Torres Strait Islander Improvement Plan and has established a Reflect Reconciliation Action Plan (RAP) working group. Our first RAP has been developed to guide organisational commitments to reconciliation and cultural inclusion. • Great Ocean Road Health has implemented an Aboriginal and Torres Strait Islander Improvement Plan and actively promotes cultural awareness through participation in significant cultural events and celebrations. The organisation continues to enhance culturally welcoming environments through the display of Aboriginal artwork, plaques, flags and culturally inclusive signage across service locations. • Individual cultural safety plans are offered to clients in Residential Aged Care and in the community.
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.	Achieved	• Great Ocean Road Health collaborates with the regional Aboriginal Health Unit at Barwon Health to provide training and resources related to health needs, asking the question, and ensuring a safe welcoming environment for Aboriginal People. As part of our mandatory training, we deliver cultural safety training annually. • Great Ocean Road Health's Community Partnership team consults with Eastern Maar Aboriginal Corporation, the Recognised Aboriginal Party on regional challenges, improving access to the health service facility and the development of a Reconciliation Action Plan (RAP). • Through the development of the RAP, Great Ocean Road Health has undertaken consultation with Eastern Maar and local Aboriginal and Torres Strait Islander community members to inform the development of meaningful actions and priorities. This engagement has strengthened relationships with Traditional Owners and the local Aboriginal community, ensuring the RAP reflects local perspectives, cultural values and community aspirations.
Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Achieved	• All consumers are routinely asked whether they are Aboriginal and/or Torres Strait Islander to support culturally safe and responsive care. • Consumers are offered a range of referral options, including Aboriginal Community Controlled Health Organisations (ACCHOs) and other specialised Aboriginal health services, to support access to cultural safe care and their preference of care providers.

Statement Of Priorities: Part B

High Quality and Safe Care

Key Performance Measure	Target	2025-2026 Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	100%
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	NA
Aged Care		
Public Sector Residential Aged Care Services overall star rating	Minimum rating of 3 stars	5 stars
Patient experience*		
Percentage of patients who reported positive experiences of their hospital stay	95%	NA
Aboriginal Health**		
The difference between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	0%

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

* NA - Less than 10 responses were received for the period due to the relative size of the Health Service.

** No Aboriginal patients during the reported period left our services against medical advice.

Strong Governance, Leadership and Culture

Key Performance Measure	Target	2025-2026 Result
Organisational culture		
People Matter Survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	83%

Please Note: Changes were made to the 2025-26 People Matter Survey after Statement of Priorities were signed.



Effective Financial Management

Key Performance Measure	Target	2025-2026 Result
Operating result ($M)	0.00	(0.053)
Adjusted current asset ratio	0.7	1.14
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

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

Statement Of Priorities: Part C

Activity and Funding

Funding Type	Activity Type	2025- 2026 Activity Achievement
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	Acute separations and urgent care presentations combined	5,026
Aged Care		
Residential aged care	Bed days	13,881
HACC	Hours	2,342
Primary Health		
Community health / primary care programs	Hours	824
Small Rural		
Small rural acute	Separations	98
Small rural residential care	Bed days	7,067



Statement of Priorities Accountability & Funding Requirements

Great Ocean Road Health complies with the following accountability and funding requirements outlined in the Statement of Priorities:

- All laws applicable to it.
- The National Health Reform Agreement.
- All applicable requirements, policies, terms, or conditions of funding specified or referred to in the Department of Health Policy and Funding Guidelines 2025-26.
- Policies, procedures, and appropriate internal controls to ensure the accurate and timely submission of data to the Department of Health.
- All applicable policies and guidelines issued by the Department of Health from time to time and notified to the health service.
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health relating to the provision of health services are in force at any time during the 2025-26 financial year.
- Relevant standards for programs that have been adopted, e.g., the International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems, or an equivalent standard.
- Where applicable, this includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.
- Specific to DHSV: in relation to the School Dental Project Plan, as agreed and specified by both parties, including meeting the requirements outlined in the School Licence Agreement.
- Any other relevant, applicable statutory, regulatory or accountability rules, policies, plans, procedures, or publications.

Disclosure Index

The annual report of Great Ocean Road Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Ministerial Directions Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	12
FRD 22	Purpose, functions, powers and duties	10
FRD 22	Nature and range of services provided	13
FRD 22	Activities, programs and achievements for the reporting period	20
FRD 22	Significant changes in key initiatives and expectations for the future	4-7, 20
Management and structure		
FRD 22	Organisational structure	16
FRD 22	Workforce data/employment and conduct principles	17
FRD 22	Workforce inclusion policy	41
FRD 22	Occupational Health and Safety	19
Financial and other information		
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Financial Report

Officer Declaration
Great Ocean Road Health

Financial Statements
Financial Year ended 30 June 2026

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

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

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

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

We authorise the attached financial statements for issue on 29 September 2026.

Board member	Accountable Officer	Chief Finance & Accounting Officer
Dr Joy Humphreys	Mr Brandon Howard	Mr Joel Hearnshaw
Chair	Chief Executive Officer	Senior Finance Manager
Lorne 29 September 2026	Lorne 29 September 2026	Lorne 29 September 2026

Independent Auditor's Report

To the Board of Great Ocean Road Health

Opinion

I have audited the financial report of Great Ocean Road Health (the health service) which comprises the:

- balance sheet as at 30 June 2026
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policy information
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2026 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and Australian Accounting Standards – Simplified Disclosures.

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Board's responsibilities for the financial report

The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

MELBOURNE
30 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

Great Ocean Road Health

For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	8,519	7,513
Government grants	2.1 (b)	16,379	15,794
Other sources of income	2.1 (c)	2,511	2,394
Total revenue and income from transactions		**27,409**	**25,701**
Expenses from transactions			
Employee expenses	3.1 (a)	(21,985)	(20,083)
Supplies and consumables	3.1 (c)	(967)	(930)
Depreciation and amortisation	4.1(a)	(2,203)	(2,122)
Other operating expenses	3.1 (d)	(4,405)	(3,534)
Total expenses from transactions		**(29,560)**	**(26,669)**
Net result from transactions - net operating balance		**(2,151)**	**(968)**
Other economic flows included in net result			
Net gain on sale of non-financial assets		29	74
Other gain from other economic flows		66	13
Total other economic flows included in net result		**95**	**87**
Net result		**(2,056)**	**(881)**
Comprehensive result		**(2,056)**	**(881)**

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

Balance Sheet

Great Ocean Road Health

As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	9,657	10,529
Receivables	5.1	861	881
Contract assets		36	169
Total financial assets		**10,554**	**11,579**
Non-financial assets			
Prepayments		180	141
Property, plant and equipment	4.1	37,805	39,082
Total non-financial assets		**37,985**	**39,223**
Total assets		**48,539**	**50,802**
Liabilities			
Payables	5.2	1,583	1,742
Contract liabilities		172	7
Borrowings		545	579
Employee benefits	3.1(b)	3,667	3,427
Monies held in trust	5.3	5,613	6,032
Total liabilities		**11,580**	**11,787**
Net assets		**36,959**	**39,015**
Equity			
Reserves		9,859	9,859
Contributed capital		35,337	35,337
Accumulated deficit		(8,237)	(6,181)
Total equity		**36,959**	**39,015**

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

Cash Flow Statement

Great Ocean Road Health

For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from Government		19,505	17,841
Commercial activity revenue received		3,974	3,400
GST received from ATO		371	60
Donations and bequests received		157	214
Other receipts		3,878	3,991
Total receipts		**27,885**	**25,506**
Payments to employees		(21,659)	(20,107)
Payments to suppliers and consumables		(2,286)	(1,603)
Other payments		(3,664)	(2,469)
Total payments		**(27,609)**	**(24,179)**
Net cash flows from/(used in) operating activities		**276**	**1,327**
Cash flows from investing activities			
Proceeds from sale of non-financial assets		87	95
Purchase of non-financial assets		(845)	(1,648)
Capital donations and bequests received		202	97
Net cash flows used in investing activities		**(556)**	**(1,456)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(173)	(102)
Repayment of accommodation deposits		(2,120)	(1,750)
Receipt of accommodation deposits		1,701	4,532
Net cash flows from/(used in) financing activities		**(592)**	**2,680**
Net increase/(decrease) in cash and cash equivalents held		**(872)**	**2,551**
Cash and cash equivalents at beginning of year		10,529	7,978
Cash and cash equivalents at end of year	6.1	**9,657**	**10,529**

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

Statement of Changes in Equity

Great Ocean Road Health

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	**7,899**	**1,960**	**35,337**	**(5,300)**	**39,896**
Net result for the year	-	-	-	(881)	(881)
Balance at 30 June 2025	**7,899**	**1,960**	**35,337**	**(6,181)**	**39,015**
Net result for the year	-	-	-	(2,056)	(2,056)
Balance at 30 June 2026	**7,899**	**1,960**	**35,337**	**(8,237)**	**36,959**

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



Notes to the Financial Statements

Great Ocean Road Health

For the Financial Year Ended 30 June 2026

Structure

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

Note 1 About this Report

These financial statements represent the financial statements of Great Ocean Road Health for the year ended 30 June 2026.

Great Ocean Road Health is a not-for-profit entity established as a public agency on 1 July 2019 under the *Health Services Act 1988 (Vic)* . A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation

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

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

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

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

Consistent with the requirements of AASB 1004 *Contributions* , contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Great Ocean Road 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 Great Ocean Road Health on 29th 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 Great Ocean Road Health.

Great Ocean Road Health’s principal address is:

Albert Street
Lorne, Victoria 3232.

Note 1.4 Economic dependency

Great Ocean Road 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. Great Ocean Road 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 Great Ocean Road Health operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

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

Significant judgement - Grant revenue

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

Structure
2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Note	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	8,519	7,513
Government Grants	2.1(b)	16,379	15,794
Other sources of income	2.1(c)	2,511	2,394
Total revenue and income from transactions		**27,409**	**25,701**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (Commonwealth) - Operating	2,776	2,382
Patient and resident fees	1,769	1,731
Commercial activities	3,974	3,400
Total revenue from contracts with customers	**8,519**	**7,513**

How we recognise revenue from contracts with customers
Government grants

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

In contracts with customers, the 'customer' is the funding body, who is the party that promises funding in exchange for Great Ocean Road Health's goods or services. Great Ocean Road 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 Great Ocean Road Health's revenue streams, with information detailed below relating to Great Ocean Road Health's material revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the 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.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at Great Ocean Road Health. The performance obligations include provision of residential accommodation and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided within the residential aged care facility.

Patient and resident fees

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

Note 2.1(b) Government Grants

	2026 $'000	2025 $'000
Government grants (State) - Operating	10,913	10,318
Government grants (Commonwealth) - Operating	5,430	4,312
Government grants (State) - Capital	36	1,164
Total Government grants	**16,379**	**15,794**

How we recognise Government grants

Government grants

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

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when Great Ocean Road Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Great Ocean Road 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 Great Ocean Road 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 Great Ocean Road 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.

Non-cash contributions from the Department of Health

The DH makes some payments on behalf of Great Ocean Road Health as follows:

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

Note 2.1(c) Other sources of income

	Note	2026 $'000	2025 $'000
Capital donations		202	97
Assets received free of charge or for nominal consideration	2.1(d)	160	220
Other income from operating activities		1,731	1,663
Income from non-operating activities		418	414
Total other sources of income		**2,511**	**2,394**

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

	2026 $'000	2025 $'000
Cash donations and gifts	157	214
Other Services	3	6
Total fair value of assets and services received free of charge or for nominal consideration	**160**	**220**

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

Contributions of assets received free of charge or for nominal consideration are recognised at their fair value when Great Ocean Road Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

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



Note 3 The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1 Expenses incurred in the delivery of services

	Note	2026 $'000	2025 $'000
Employee expenses	3.1(a)	21,985	20,083
Supplies & Consumables	3.1(c)	967	930
Other operating expenses	3.1(d)	4,405	3,534
Total expenses incurred in the delivery of services		**27,357**	**24,547**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	16,585	14,952
Superannuation expense [1]	1,896	1,625
Agency expenses	1,427	1,592
Fee for service medical officer expenses	2,077	1,914
Total employee expenses	**21,985**	**20,083**

[1] Defined contribution superannuation expense and defined benefit superannuation expense have been combined.

How we recognise employee expenses

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

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

Note 3.1(b) Employee related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	35	36
Annual leave	1,230	1,109
Long service leave	1,203	1,115
Provision for on-costs	313	292
Total current provisions for employee benefits	**2,781**	**2,552**
Non-current provisions for employee benefits		
Long service leave	782	770
Provision for on-costs	104	105
Total non-current provisions for employee benefits	**886**	**875**
Total provisions for employee benefits	**3,667**	**3,427**

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 Great Ocean Road 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 Great Ocean Road Health expects to wholly settle within 12 months or
- present value – if Great Ocean Road 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 Great Ocean Road 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 Great Ocean Road Health expects to wholly settle within 12 months or
- present value – if Great Ocean Road 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 payroll tax, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred. The on-costs provision is immaterial in 2026.



Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	54	63
Medical and surgical supplies (including Prostheses)	189	191
Diagnostic and radiology supplies	20	35
Other supplies and consumables	704	641
Total supplies and consumables	**967**	**930**

How we recognise supplies and consumables

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

Note 3.1(d) Other operating expenses

	2026 $'000	2025 $'000
Fuel, light, power and water	233	227
Repairs and maintenance	448	521
Maintenance contracts	253	226
Medical indemnity insurance	19	15
Other administration expenses	3,424	2,528
Finance costs	28	17
Total other operating expenses	**4,405**	**3,534**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

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

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

Note 4 Key assets to support service delivery

Great Ocean Road 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 Great Ocean Road Health to be utilised for delivery of services.

Significant judgement - Fair value measurement

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

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value - Crown	12,866	12,866	-	-	12,866	12,866
Buildings at fair value	25,313	25,262	(3,458)	(1,711)	21,855	23,551
Works in progress at cost	287	48	-	-	287	48
Plant, equipment and vehicles at fair value	5,462	4,947	(3,144)	(2,818)	2,318	2,129
Plant, equipment and vehicles at cost	638	606	(159)	(118)	479	488
Total property, plant and equipment	**44,566**	**43,729**	**(6,761)**	**(4,647)**	**37,805**	**39,082**

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.

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

	Land $'000	Buildings $'000	Works in progress $'000	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025	**12,866**	**23,551**	**48**	**2,617**	**39,082**
Additions	-	50	239	696	985
Disposals	-	-	-	(59)	(59)
Depreciation	-	(1,746)	-	(457)	(2,203)
Balance at 30 June 2026	**12,866**	**21,855**	**287**	**2,797**	**37,805**

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, Great Ocean Road Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement* . The amendments to AASB 13 will be applied at the earlier of the interim revaluation or next scheduled independent revaluation in 2029, in accordance with Great Ocean Road 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
Plant, equipment and vehicles [1]	638	606	(159)	(118)	479	488
Total right-of-use assets	**638**	**606**	**(159)**	**(118)**	**479**	**488**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025[1]	**488**	**488**
Additions	139	139
Disposals	(59)	(59)
Depreciation	(89)	(89)
Balance at 30 June 2026	**479**	**479**

[1] As a result of changes in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value.

How we recognise right-of-use assets

Initial recognition

When Great Ocean Road 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 the contract gives rise to a right-of-use asset and corresponding lease liability.

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

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

Subsequent measurement

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

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

4.1(c) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Great Ocean Road 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.

Great Ocean Road 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 Depreciation and amortisation

How we recognise depreciation

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

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

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	12 - 40 years	12 - 42 years
Plant and equipment	3 - 20 years	3 - 20 years
Motor Vehicles	3 - 7 years	6 - 7 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		4	1
Trade receivables		433	477
Patient fees		241	234
Allowance for impairment losses		(21)	(21)
Other receivable		115	93
Total contractual receivables		**772**	**784**
Statutory			
GST receivable		89	97
Total statutory receivables		**89**	**97**
Total current receivables		**861**	**881**
Total receivables		**861**	**881**
(i) Financial assets classified as receivables			
Total receivables		861	881
GST receivable		(89)	(97)
Total financial assets classified as receivables	7.1	**772**	**784**

How we recognise receivables

Receivables consist of:

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

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



Note 5.2 Payables

	Note	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		399	627
Accrued salaries and wages		408	388
Accrued expenses		352	219
Other		424	508
Total contractual payables		**1,583**	**1,742**
Total current payables		**1,583**	**1,742**
Total payables		**1,583**	**1,742**
(i) Financial liabilities classified as payables			
Total payables		1,583	1,742
Total financial liabilties classified as payables	7.1	**1,583**	**1,742**

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 Great Ocean Road 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 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		5,613	6,032
Total current monies held in trust		**5,613**	**6,032**
Total other liabilities		**5,613**	**6,032**
*** Represented by:**			
- Cash assets	6.1	5,613	6,032
		5,613	**6,032**

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

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



Note 6 How we finance our operations

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

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

Structure

6.1 Cash and cash equivalents

6.2 Commitments for expenditure

Note 6.1 Cash and Cash Equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		4,042	4,495
Total cash held for operations		**4,044**	**4,497**
Cash at bank (monies held in trust)		5,613	6,032
Total cash held as monies in trust	5.3	**5,613**	**6,032**
Total cash and cash equivalents	7.1	**9,657**	**10,529**

Note 6.2 Commitments for expenditure

There were no capital or operating commitments at 30 June 2026 (2025: Nil).

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

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

Note 7.1 Financial instruments

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

30 June 2026	Note	Carrying amount$'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	9,657	418
Receivables	5.1	772	-
Total financial assets [i]		**10,429**	**418**
Financial liabilities at amortised cost			
Payables	5.2	1,583	-
Borrowings		545	(28)
Other financial liabilities - Refundable Accommodation Deposits	5.3	5,613	-
Total financial liabilities [i]		**7,741**	**(28)**

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

30 June 2025	Note	Carrying amount$'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	10,529	414
Receivables	5.1	784	-
Total financial assets [i]		**11,313**	**414**
Financial liabilities at amortised cost			
Payables	5.2	1,742	-
Borrowings		579	(17)
Other financial liabilities - Refundable Accommodation Deposits	5.3	6,032	-
Total financial liabilities [i]		**8,353**	**(17)**

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

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by Great Ocean Road 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.

Great Ocean Road Health recognises the following assets in this category:

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Great Ocean Road 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
- Great Ocean Road 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
- Great Ocean Road 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 Great Ocean Road Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of Great Ocean Road 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, Great Ocean Road 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:

- Property, plant and equipment.

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.

Great Ocean Road 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.

Great Ocean Road 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 Great Ocean Road Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding Appendix F *Australian Implementation Guidance for Not-for-Profit Public Sector Entities.* Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable 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 Great Ocean Road 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, Great Ocean Road 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, Great Ocean Road Health considers the current use as its highest and best use.

Non-specialised land and non-specialised buildings

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

Specialised land and specialised buildings

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

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

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

For Great Ocean Road 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. Great Ocean Road 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 Great Ocean Road Health who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment, furniture, fittings

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

Significant assumptions

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment	(20%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life	$1,000 - $1,500/m^2 ($1,300) 12 - 42 years (30 years)
Vehicles	Current replacement cost approach	Cost per unit Useful life	$17,500 - $94,000 ($35,600 per unit) 3 - 7 years (3.5 years)
Plant and equipment	Current replacement cost approach	Cost per unit Useful life	$1,400 - $350,000 ($6,300 per unit) 3 - 20 years (7 years)

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

(ii) CSO adjustments of 20% was applied to reduce the market approach value for Great Ocean Road Health's specialised land.

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex gratia payments

There were no ex gratia payments made during the year ended 30 June 2026 (2025: $Nil).



Note 8.2 Responsible persons disclosures

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

	Period
The Honourable Mary-Anne Thomas MP:	
Minister for Health	1 Jul 2025 - 14 April 2026
Minister for Ambulance Services	1 Jul 2025 - 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	1 Jul 2025 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	1 Jul 2025 - 30 June 2026
Minister for Ageing	1 Jul 2025 - 30 June 2026
Minister for Multicultural Affairs	15 April 2026 - 30 June 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	1 Jul 2025 - 30 June 2026
Minister for Disability	1 Jul 2025 - 30 June 2026
Governing Boards	
Dr Joy Humphreys	1 Jul 2025 - 30 Jun 2026
Mr Chris Price	1 Jul 2025 - 30 Jun 2026
Mr Nick Salkeld	1 Jul 2025 - 30 Jun 2026
Mr Rob Knowles	1 Jul 2025 - 29 Apr 2026
Ms Fiona Williams	1 Jul 2025 - 30 Jun 2026
Mr Matthew Dixon	1 Jul 2025 - 30 Jun 2026
Dr Tiffany Symes	1 Jul 2025 - 30 Jun 2026
Ms Tali Bernard	1 Jul 2025 - 30 Jun 2026
Ms Melinda Lucas	1 Jul 2025 - 30 Jun 2026
Ms Kelli Nicola-Richmond	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
Mr Brandon Howard (Chief Executive Officer)	27 Jan 2026 - 30 Jun 2026
Ms Andrea Russell (Acting Chief Executive Officer)	20 Nov 2025 - 26 Jan 2026
Ms Sandy Chamberlin	1 Jul 2025 - 19 Nov 2025

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	9	8
$10,000 - $19,999	1	1
$40,000 - $49,999	1	-
$110,000 - $119,999	1	-
$140,000 - $149,999	1	-
$280,000 - $289,999	-	1
Total Numbers	**13**	**10**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**362**	**333**

Amounts relating to the Governing Board Members and Accountable Officer of Great Ocean Road 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 8.3 Remuneration of executives

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

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

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.

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

	Total Remuneration 2026 $'000	Total Remuneration 2025 $'000
Total remuneration [i]	486	576
Total number of executives	4	3
Total annualised employee equivalent [ii]	2.5	3.0

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

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



Note 8.4 Related parties

Great Ocean Road Health is a wholly owned and controlled entity of the State of Victoria. Related parties of the health service include:

- all key management personnel (KMP) and their close family members and personal business interests
- cabinet ministers (where applicable) and their close family members
- jointly controlled operations – the South West Alliance of Rural Health 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

Great Ocean Road Health received funding from government related entities of $10.89 m (2025: $11.35 m). Balances outstanding as at 30 June 2026 are $0.015 m (2025: $0.006 m).

Expenses incurred by Great Ocean Road 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 Great Ocean Road 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 Great Ocean Road Health and its controlled entities, directly or indirectly.

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

Entity	KMPs	Position Title
Great Ocean Road Health	Dr Joy Humphreys	Chair of the Board
Great Ocean Road Health	Mr Chris Price	Board Member
Great Ocean Road Health	Mr Nick Salkeld	Board Member
Great Ocean Road Health	Ms Fiona Williams	Board Member
Great Ocean Road Health	Mr Matthew Dixon	Board Member
Great Ocean Road Health	Dr Tiffany Symes	Board Member
Great Ocean Road Health	Ms Tali Bernard	Board Member
Great Ocean Road Health	Ms Melinda Lucas	Board Member
Great Ocean Road Health	Ms Kelli Nicola-Richmond	Board Member
Great Ocean Road Health	Mr Rob Knowles	Board Member (July 2025 - April 2026)
Great Ocean Road Health	Mr Brandon Howard	Chief Executive Officer
Great Ocean Road Health	Ms Sandy Chamberlin	Chief Executive Officer
Great Ocean Road Health	Ms Andrea Russell	Director Clinical Services/Acting Chief Executive Officer
Great Ocean Road Health	Ms Jennifer Salkeld	Acting Director Clinical Services
Great Ocean Road Health	Ms Shelly Pascoe	Director of Community Services

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]	848	909

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

Transactions with KMPs and other related parties

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

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

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



Note 8.5 Remuneration of Auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	36	34
Total remuneration of auditors	**36**	**34**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
South West Alliance of Rural Health (SWARH)	Information Technology Services	1.25	1.30

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

	2026 $'000	2025 $'000
Total revenue and income	471	485
Total expenses	(479)	(455)
Total net result	(8)	30
Total other economic flows	(2)	4
Comprehensive result for the year	(10)	34
Total assets	417	501
Total liabilities	330	404
Total equity	87	97

Contingent liabilities and capital commitments

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