Seymour Health

Caring for Our Community



2025-26 ANNUAL REPORT AND FINANCIAL STATEMENTS

Acknowledgement of Traditional Owners

Seymour Health acknowledges the Taungurung People as the Traditional Owners of the land on which we work and recognise their continuing connection to land, waters and community. Seymour Health pays respect to Elders past, present and into the future.

Our History

May 1920	Under a deed of trust, Seymour Soldier's Memorial Hospital opened. The hospital was funded by public subscription and leased to Matron L.C. Rutherford to treat ex-service personnel.
Jun 1951	The hospital became a public community facility and plans developed for a new building.
Nov 1959	The 28-bed facility was opened and officially named Seymour District Hospital.
Sep 1965	The hospital was renamed and gazetted as Seymour District Memorial Hospital.
Feb 1980	The 20-bed Nursing Home opened and operated as Seymour District Nursing Home Society Incorporated with a separate Board.
Sep 1990	The Nursing Home increased to 30 beds with an additional 10 nursing home beds officially opened.
Apr 1994	Hospital and Nursing Home services amalgamated. A Deed of Novation was signed and approval granted to operate both services as Seymour District Memorial Hospital.
Nov 1996	$3.5m hospital expansion including redevelopment of 1959 building opened.
Sep 2006	Official opening of the $5.1m purpose built residential aged care building, Barrabill House and the $1.8m Ambulatory Care Centre.
Feb 2007	Official opening of Community Services building.
Nov 2009	Renovations to improve access to the Emergency Department and Medical Records completed.
Mar 2011	Closing the Health Gap Lower Hume Project official opening of Goranwarrabul House.
Jul 2011	Governor in Council: Seymour District Memorial Hospital amended to Seymour Health.
May 2015	Official opening of the Cancer / Dialysis Services Unit by the Hon Jill Hennessy, MP – Minister for Health.
Dec 2019	Official opening of the Urgent Care Centre / Main Entrance Project.
May 2023	Barrabill House 10-bed extension wing opened.
Jun 2024	Callen Street car park upgrade completed.
Jun 2026	Completion of the Operating Services Suite Stage 1 redevelopment and opening of new Central Sterile Services Department.

Life Governors past and present

SEYMOUR SOLDIERS MEMORIAL HOSPITAL

Mr T. Tehan	Mr C. McKenzie	Miss E. Plummer	Miss Gerard	Mr H. Green
Dr J.C. Morton	Mr J Chisholm	Miss M. Lette	Mr G. Mallet	Mrs A. Collopy
Mr E. Hayward	Mr R. Chisholm	Mrs McKeddie	Mrs Herkes	Mr H.E. Clarey
Mr J. Chittick	Mr W. M. Angliss MLC	Mrs Grace Adams	Mr J. Tobin	Mr W.J. Osborne
Mr A. Stewart	Mr J. O'Sullivan	Mr E.G. Finlay	Mr T. Sheehan	Mr W.J. Elliott
Mr H.V. Rose	Mr A.G. Hunter	Archdeacon Carter	Mr L. Carpenter	Mrs A. Rae
Mr S.A.T. Finlay	Mr W. Gilbert	Miss E. O'Sullivan	Mr E. Wilmott	The Rev. C.H. Partridge
Mr J.C. Howard	Mr J. McCormack	Miss B. Moody	Mr E.J. Corboy	Mr D. Chisholm
Mr J.B. Bullen	Mr. R. J. Clydesdale	Miss D. Gronow	Mr W. J. Grieg	
Mr H.A. McKenzie	Miss M. Guild	Mr D. A. Lawrie	Mr A. Smith	

SEYMOUR MEMORIAL HOSPITAL

Rev. C.H. Partridge	G. Diggle	N.L. Bell	C. Geoghegan	Miss E. Kemp
D. Burns	R.J. Browne	Mrs A.B. Whiteman	Mrs K.M. Pollard	J.A. Ware
V. Hall	G.P. Hare	(Newlan)	R.H. Thompson	F.H. English
G.W. Hall	J. Elliott	J.R. Carroll	Mrs L.M. Baker	Mrs A.V. Ansett
E.J. Corboy	J.H. Roberts	Hon Arthur Smith	C.A. Brown	

SEYMOUR DISTRICT MEMORIAL HOSPITAL

C.V. Smith	Sister M.L. Humphries	Mrs M. Walsh	Mrs C. Lewis	Mr R. Muller
Matron G. Stimson	Mrs T. Hall	Mr E. Moylan	Dr C.B. Officer	Mrs V. Kelly
F.H. Cribbes	Mr G. Pope	Mr W.E. Ferris	Dr R.C.I. Russell	Mr M. Deason
L.H.T. Denton	Mr W. Neale	Mrs E. Butt	Mrs H. Sapsford	Miss J. McCarthy ARRC
L.N. Smethurst	Mrs B. Quick	Mrs D. Wright	Mrs J. Smith	Ms N. Ley
Mrs D. Arundale	Mrs I. Sloane	Dr J.R. Bryce	Mr J. Tuckwell	Mr W. Keating
Mrs M. Howard	Mrs M. Andrea	Mrs F. Coulson	Mr J. Davey	Mrs J. Martin

SEYMOUR HEALTH

Mr R. Webster	Mr. M. Molony	Dr Eliot Jarman
Dr R. Peterson	Ms. A. Fletcher-Nicholls	
Mr T. Heinz	Mr I. Chadwick	
Mr T. Old	Mrs L. Canobie	

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Relevant Ministers

We are a public hospital established under the *Health Services Act 1988* (VIC). The responsible Minister is the Minister for Health.

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

The Hon. Harriet Shing MP
15 April 2026 – 30 June 2026

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

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

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

Annual reporting

This Annual Report fulfils the statutory reporting requirements regarding annual financial and performance reporting to the Government.

This document is presented to the Annual General Meeting and available to the community on the Seymour Health website at www.seymourhealth.org.au

Corporate Governance

The Governor-in-Council, upon the recommendation of the Minister for Health, appoints the Board of Seymour Health. The capacity of the Board is 10 Directors.

The functions of the Board as determined by the *Health Services Act 1988* are:

- To oversee and manage the organisation, and
- To ensure the services provided comply with the requirements of the Act and the aims of the organisation

Governance by the Board is achieved through:

- Strategic planning to ensure the strategic directions align with the organisational vision, mission and values
- Effective management by the Chief Executive Officer; the Board conducts an annual performance appraisal and sets realistic goals; the Chief Executive Officer is responsible for managing the organisation at an operational level
- Funding of service agreements; the Board endorses plans, strategies and budgets and ensures annual agreements reflect accurate, achievable and ethical outcomes and monitors the performance of the organisation through appropriate budgetary processes
- Effective and efficient Quality and Risk Management; the Board oversees the organisation's programs which ensure a safe working environment, adhering to Legislation, By-Laws and Operational Practices

Responsible bodies declaration

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

Helen Hull
Board Chair
Seymour Health
27 August 2026

Vision

To provide a trusted health service that contributes to the health and wellbeing of our community, through integrated clinical practice, education and partnerships.

Our Purpose

To enhance patient and family led health care within our community, so that people live healthier lives.

Our Values

Respect

Accountability and Responsibility

Honesty, Integrity and Trust

Support

Open and Transparent Communication

Our Strategic Pillars

Excellent person-centred healthcare experience

Equitable access to safe, quality and compassionate care

Positive culture through an engaged workforce and community

Viable and sustainable resources

Effective engagement, collaboration and partnerships

Service Profile

Clinical services

- Acute Ward – Medical/Surgical
- Cancer Services
- Renal Dialysis
- Operating Suite Services
- Infection Control Services
- Pre-Admission
- Residential Aged Care
- Urgent Care Centre
- Respiratory Protection Program
- Clinical Education
- Residential In Reach
- Rural Hospitalist Pilot Program

Community services

- Allied Health Services
- Ambulatory Care Centre
- Chronic Disease Service
- Diabetes Clinic
- Well Women's Clinic
- Cardiac Rehabilitation
- Community Health Checks
- Oral Health Services
- District Nursing Service
- Health Promotion
- Social Support Group
- Palliative Care Services
- Post-Acute Care Services
- Volunteer Programs
- Primary Mental Health Program

Support services

- Administration
- Environmental Services
- Facilities
- Finance and Payroll
- Hotel and Food Services
- People and Culture
- Procurement
- Health Information

Chief Executive Officer and Board Chair report

It has been an exciting year for Seymour Health (SH) with many significant achievements being realised that have potential to deliver huge benefits for our community. The Board led the development of SH's new Strategic Plan 2026-29 that sets the vision and direction of the organisation over the next four years.

Our new vision for SH articulates the Board's commitment to the community we serve and emphasises the importance of SH regionally and our role at the broader health sector level. Our Vision: '*Focussed locally, Reaching regionally, Connected future'*. Our Mission emphasises the importance of partnership to deliver the best possible outcomes for our community and states *"We will deliver safe, person-centred care close to home, champion local voice in the health system, and collaborate to ensure every connection strengthens outcomes for our community"*

Aligned to our new Strategic Plan, SH has been an active and committed partner in the newly established North Metro & Mitchell Local Health Service Network (NMMLHSN). This new partnership has already delivered tangible outcomes for the organisation and the community. Over the year SH has achieved efficiencies and enhanced service delivery through the adoption of the Network's corporate systems i.e. payroll services are now provided by Northern Health (NH). SH has completed phase one of the implementation of a new Human Resource platform with the second phase being rolled out during the latter half of this year.

SH has enhanced and expanded the pharmacy service, implemented after hours palliative care support and signed a Memorandum of Understanding that will see the commencement of a monthly Paediatric Specialist Consultation Clinic locally at SH from August 2026. The NMMLHSN partnership has also secured the future of the Rural Hospitalist medical model of care, that will be funded through a new Commonwealth funding stream. The new program will see more doctors rotating to SH creating a doctor recruitment pipeline for our local GP Clinics and the Health Service.

Our partnership with neighbouring health services remains critical to meeting the needs of our local community and we are very proud that the successful pilot Primary Mental Health program delivered in partnership with Yea & District Memorial Hospital, Alexandra District Health and Northern Health has been funded by Murray Primary Health Network for a further year. The success of this program means local community members requiring mental health support are now able to get the care they need delivered locally at SH.

Robust evidence-based, data-driven service planning is crucial to meeting the current and emerging healthcare needs of our community and we have embraced this process leveraging off the NMMLHSN to deliver a comprehensive plan, over a fifteen-year horizon, that will ensure SH is positioned to deliver high-quality care well into the future. The Plan outlines what services are needed, and when, as our population and associated healthcare demands grow. Included in the plan is the introduction of greater capability across surgical services and urgent care along with the future introduction of subacute services that will deliver care closer to home, reducing the need for travel.

Demand management pressures are already apparent with presentations to the SH Urgent Care Centre growing to 8,661, an increase of 10.7% over the year, a trend that has continued year-on-year and is unlikely to change with the expansion of population in the northern growth corridor marching towards Seymour.
The increase in demand brought associated workforce and financial pressures. Workforce shortages have continued to be an issue throughout the last financial year however the staff have again demonstrated excellent teamwork to ensure safe high-quality care delivery but it has not come without a cost, from both a wellbeing and a financial perspective, with many staff demonstrating their level of commitment through overtime or covering additional shifts to meet demand. The tight fiscal environment has been very challenging for SH with our financial result for the being a significant deficit position.

Adding to the difficulties faced by the SH team we experienced the threat of both floods and bushfire throughout the twelve-month period and again, the staff exhibited their resilience and commitment to our community and to SH allowing our services to continue seamlessly. Our staff are to be commended on the great job they do and the exceptional service they deliver, even in the face of adversity.

Investment in our infrastructure continued and we are very proud that Stage One of our theatre redevelopment was completed with the opening of a new Central Sterilisation

Services Department (CSSD) and a second operating theatre built to shell stage. A funding application for stage two of the redevelopment was submitted to the Department of Health. Over the year we also enhanced our Fire Safety Response Strategy with the construction of an additional smoke wall in the Acute Ward, improving safety for patients in the event of a fire. To compliment this initiative SH trained an additional thirty staff as Chief Wardens to ensure trained staff are always available across all shifts.

SH held a well-attend Annual General Meeting (AGM) in December 2025 with the focus of the event firmly on staff and staff Awards. We are proud to have many staff who have dedicated their working careers to SH for multiple decades and of note, we also have many instances of three generations of the same family working for our organisation. This is a testimony to the level of dedication our staff have to our community.

Following his retirement in 2024 the Board, at the 2026 AGM, bestowed the honour of an Honorary Life Governorship Award upon Dr Eliot Jarman in recognition of his commitment and years of dedicated service to both SH and the Seymour community. We wish Dr Jarman all the best for his retirement.

We launched our new Philanthropic program at our AGM. The program will raise greatly needed funds for the purchase of essential medical equipment and replacement of critical infrastructure to ensure the future of our organisation.

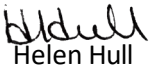
SH has already received significant donations throughout the year, many from community members who donate year-on-year, for which we are very appreciative. One donation was especially notable, and we would like to express our sincerest thanks and acknowledge Ian McBean and family for their very generous donation that facilitated the purchase of a bus for the residential aged care facility, Barrabill House. This will greatly enhance the quality of life for the residents of this facility by getting out and about for day activities in the community.

SH acknowledge and thank outgoing Board Directors Ewan McDonald and Russell Harrison for their years of service to SH, and we also welcome new Board Directors Mark Lawrence, Stuart Manoj-Margison and local identity, Kelly Christensen, to the Board of SH. The Board has done a magnificent job steering SH through a challenging period of growth and change. All Directors are to be commended for their stewardship of the organisation. SH acknowledge the Executive team for the leadership they have provided over the year.

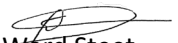
The Board and management at SH would like to thank our staff and volunteers for their hard work over a very busy year; without each and every one of you, from the cleaners through to the doctors, we would not be able to support the community the way we do. We would also like to thank our funding bodies for the all-important funding required to deliver our services. Our healthcare partners, including Mitchell Shire Council, our neighbouring health services and the North Metro & Mitchell health services partners are essential enablers in the delivery of the broad range of services available.

The coming year promises more change and challenges. SH is confident that we can meet these challenges head on and continue to thrive.

The Board Chair and the CEO recommend the Annual Report 2025-26 highlighting the accomplishments and achievements of our valued team.



Helen Hull
Board Chair



Ward Steet
Chief Executive Officer

Director of Business Services report

In accordance with the *Financial Management Act 1994*, we are pleased to present the Report of Operations and Annual Financial Statements for the year ending 30 June 2026.

Seymour Health provides a range of health services to Seymour and surrounding communities from primary care through to residential care and acute services. Service areas include; acute inpatient, elective surgery, urgent care, dialysis, residential aged care, oral health services, ambulatory care, palliative care and community health.

The operating financial result before capital and specific items for 2025-26 was a deficit of $1.5863m. The deficit has been covered utilising a portion of Seymour Health's untied cash reserves and increases in current liabilities. Services managed within the available funding and were adequately resourced during the year. Growth in the utilisation of the Urgent Care Centre posed workforce challenges with it proving difficult to recruit specialised staff.

Historically, Seymour Health has had annual surpluses which have enabled the allocation of funds to future capital projects while continuing to invest in replacement and new assets and equipment. The deficits incurred in FY 2026 and prior year has the potential to limit investment in replacing aging infrastructure at the end of its useful life.

The net result for the entity was a deficit of $1.583m after capital and specific items This result includes capital income of $3.603m capital expenditure of $.287m and depreciation expense of $3.118m. The comprehensive result for the year including revaluations was a deficit of $1.583m.

The 2026 Statement of Priorities operating budget target was to achieve an operating break-even position. Exponential demand for Urgent Care Services required additional staffing to ensure ongoing safe emergency care. Financial Management Improvement Plan (FMIP) initiatives were implemented to underwrite this financial cost to avoid an even more significant deficit position for the year. Although the savings were achieved the Health Service was impacted by unanticipated changes in funding and cost escalations.

Overall income from operating activities (including capital) increased by 13.0% compared with the previous year with operational and capital funding both increasing by 7.2%. Operating expenditure increased by 8.2% including salary expenses which increased by 4.6%. This increase in salary expenses related to Award increases and additional staff to support the Safe Patient Care Act.

The Seymour Community's support of Seymour Health is greatly appreciated. Total donations and fund raising received in 2025-26 was $132,716. Including $29,446 from Remember Me supporting Palliative Care essential medical equipment and staff development; and $100,000 generously donated by a Barrabill House resident for the purchase of a new activity's bus, allowing increased outings and activities for residents.

Effective financial management leading to surplus positions over prior years has resulted in Seymour Health building up a healthy untied cash reserve putting the organisation in a very strong financial position. Working Capital (Adjusted Current Asset Ratio) is now 70.00% (2025 - 86.9%). Cash and investments of $11.228m includes tied funds for capital funded projects and residential aged care deposits. The reserves assist with funding of replacement of ageing infrastructure and equipment. Reserves also supports opportunities for future capital development and enhanced service provision.

Purchase of capital items during 2025-26 included:

- Medical equipment including:
  - Scopes and Endoscopic platform Video Control Unit
  - Cameras
  - Monitor system; RS Promo unit with CAD system, stand & holder
  - Pumps
  - Diathermy machine
  - ECG machine upgrade and associated software
  - Pressure mattresses
  - Sensor mats with alarms
- Renewal of Infrastructure (including Plant, equipment, FF&E & ICT) including:
  - Access door controllers
  - Commercial refrigerator
  - Air conditioner
  - Wanderer alert system
  - Various furniture and blinds

Other capital projects, all Department of Health funded, completed, commenced or in progress:

- Air Ventilation Infrastructure Replace heating & cooling systems - Main Building
- Operating Suite and CSSD redevelopment
- Theatre Equipment
- Kitchen redevelopment (funding advised Dec 2025)

Seymour Health applies the Social Procurement Strategy 2025-27 to utilise HSV suppliers to identify and prioritise, where appropriate, social benefit and Aboriginal organisations.

	2026	2025	2024	2023	2022
	$'000	$'000	$'000	$'000	$'000
Operating Result*	(1,945)	(1,342)	(32)	(15)	100
Total revenue	34,580	30,783	30,626	26,987	27,887
Total expenses	36,227	33,788	30,729	28,897	27,258
Net result from transactions	(1,647)	(3,005)	(103)	(1,910)	629
Total other economic flows	64	126	(48)	(16)	177
Net result	(1,583)	(2,879)	(151)	(1,926)	806
Total assets	57,067	57,437	57,436	40,585	42,635
Total liabilities	18,891	17,678	14,948	12,903	13,027
Net assets/ Total equity	38,176	39,759	42,488	27,682	29,609

	2026	2025	2024	2023	2022
	$'000	$'000	$'000	$'000	$'000
Net Operating result *	(1,945)	(1,342)	(32)	(15)	100
Capital purpose income	3,603	1,753	2,424	293	2,483
Specific income					
COVID-19 State supply arrangements Assets received free of charge or for nil consideration under the State supply	0	43	156	214	502
State supply items consumed up to 30 June 2024	0	(19)	(69)	(191)	(430)
Expenditure for capital purpose	(287)	(381)	(297)	(83)	(126)
Depreciation and amortisation	(3,118)	(2,973)	(2,285)	(2,128)	(1,900)
Impairment of non-financial assets	0	0	-	-	-
Financial costs (other)	0	0	-	-	-
Net result from transactions	**(1,647)**	**(3,005)**	**(103)**	**(1,910)**	**629**

* The Net operating result is the result with the health service is monitored against in its Statement of Priorities

Social Procurement Activity	2025-26	2024-25	2023-24
Total number of suppliers	431	419	453
Total spend with all suppliers	11,339,978	8,596,230	8,066,034
Social Benefit suppliers	0	0	0
Total spent with social benefit suppliers	0	0	0
Number of Aboriginal businesses engaged	0	0	0
Total expenditure with Victorian Aboriginal businesses (excl. GST)	0	0	0

Colin James
Director Business Services

Achievements

Business/Corporate Services

- **Capital**
  - ✓ Theatre redevelopment Stage One completed and new CSSD opened and operational
  - ✓ Successful RHIF funding application for the kitchen redevelopment ($4.45m)
  - ✓ Construction of an activities shed for the residential aged care service, Barrabill House
  - ✓ Enhanced fire safety: Realignment of fire zones and the Acute Ward
- **Facilities**
  - ✓ Implementation of a Building Management System to achieve cost savings and reduce environmental footprint
  - ✓ Rekeying of organisation to improve security
- **Finance**
  - ✓ Payroll provider transitioned from Goulburn Valley Health to Northern Health in line with NMMLHSN priorities
- **Health Information Services**
  - ✓ Implementation of electronic medical record in Ambulatory Care
- **Information Technology**
  - ✓ Successful disaster recovery testing
  - ✓ Uplift of digital maturity and cybersecurity
  - ✓ Implemented an eWaste initiative in partnership with HRHA

Clinical Services

- **Aged Care**
  - ✓ Barrabill House Residential Aged Care Service maintained a '4 Star' rating
  - ✓ Transition to single provider for Aged Care Services and implementation of Aged Care Reform
- **Acute Clinical & Urgent Care**
  - ✓ 100% of respondents to the Victorian Hospital Experience Survey reported positive experiences of their hospital stay
  - ✓ Enhanced lockdown facilities to improve staff safety in the event of an Occupational Violence and aggression incident
- **Nurse Practitioner (NP) workforce**
  - ✓ Successful endorsement of Seymour Health Nurse Practitioner Candidate
- **Operating Suite Services**
  - ✓ Successful RHIF funding submission to replace $955k of ageing end-of-life medical equipment

Community Services & Ambulatory Care

- **Ambulatory Care**
  - ✓ Successful contract extension to continue the primary mental health service (Level 1 - 4) pilot program across Mitchell and Murrindindi Shires: 1.00 EFT position delivered from Seymour Health
  - ✓ Implementation of a monthly paediatric specialist consultation collaboration with Northern Health
- **Palliative Care**
  - ✓ Remember Me Day Charity Group acknowledged Seymour Health with a further generous donation fostering additional community engagement

Governance

- ✓ New Strategic Plan 2026-29 launched
- ✓ NMMLHSN Clinical Services Plan endorsed by SH Board
- ✓ Dr Eliot Jarman recognised with an Honorary Life Governorship Award

Medical Services

- **Medical workforce**
  - ✓ Transition of the Rural Hospitalist program across to the NMMLHSN in partnership with Northern Health agreed and a MOU in development

People & Culture

- **Staff & Volunteers**
  - ✓ Staff Excellence Awards and staff recognition events and wellbeing initiatives implemented
  - ✓ Successful Volunteer luncheon held during National Volunteers Week
- **Consumers**
  - ✓ Restructure of Barrabill House Residents and Families meeting to have it Chaired by and driven by the consumers
  - ✓ Establishment of a Food Focus Group in Barrabill House
- **Communications**
  - ✓ Expansion of the social media platforms utilised
  - ✓ Establishment of Executive Walkarounds and continued Leadership Listens All Staff forums
- **Gender Equality**
  - ✓ Gender Equality Action Plan delivered
- **Psychological Safety**
  - ✓ Implementation of RespectX platform to enhance response to counterproductive workplace behaviour
  - ✓ Joy in Work Framework implemented
  - ✓ Black Dog Institute training for the Leadership team

Quality, Risk & Safety

- **Accreditation**
  - ✓ Aged Care Accreditation underway with Stage 1 successfully completed; registration includes Barrabill House Residential Aged Care Facility, District Nursing and Social Support Group
- **Education**
  - ✓ A total of 1788 staff attended 303 education sessions during 2025-26
  - ✓ Student Placements: Hosted 82 students over a total of 1281 days of placement in the following disciplines: Allied Health Assistance, Enrolled Nursing, Registered Nursing, Physiotherapy, Occupational Therapy
  - ✓ Work Experience: Hosted 11 local school students to gain healthcare exposure and experience
  - ✓ Embedded Paediatric Advanced Life Support (ALS) training into our education program
  - ✓ Introduction of clinical staff Teaching on the Run training program to maximise preceptor skills
  - ✓ Externally facilitated education - Simon Plapp days, PIPER, Catheter training, Sick and Injured kids in the bush - RFDS
  - ✓ Grad Nurses – 2 x RN completed Feb 2026 and 2 x RN & 2 x EN commenced Feb 2026
- **Infection Prevention & Control**
  - ✓ Our hand hygiene compliance remained strong at 96%, reflecting the ongoing commitment of staff to safe clinical practice

- ✓ Zero Staphylococcus Aureus Bloodstream (SAB) infections, demonstrating the effectiveness of our infection prevention and clinical governance programs

- **Quality**
  - ✓ Successful legislative compliance audit conducted by external consultant
  - ✓ Review of Clinical Governance Maturity undertaken
  - ✓ 72 Quality Improvement activities and 242 audits conducted
  - ✓ 27 Case reviews encompassing RCA/SIRS/SAPSE

- **Aboriginal Health**
  - ✓ Development of an Aboriginal Employment Strategy and Plan
  - ✓ National Close the Gap Day activities
  - ✓ Significant staff participation in the NAIDOC week Welcome to Country, smoking ceremony and parade to Kings Park

Recognition of service

10 years	15 years	20 years	25 years
Liz Fuller	Julie McArthur	Leanne Austin	Karla Washington
Pina McCarthy	Anna Gear	Sharon Parsons	Anne Daley
Divya Jesudas	Evie Parker	Racheal De Caneva	Judith Cassin-Day
Katherine Edwards	Jane Scully	Cherie Enrico	Sally Littlewood
Megan Ryan	Desmond Franks	Nicole Morgan	Deborah Wiggett
Amy O'Brien			

Executive staff



Chief Executive Officer

Ward Steet

B. App Sc (Physiotherapy), Grad. Dip (Bus. Admin), MBA (Strategic Operations), GAICD

The Chief Executive Officer (CEO) is responsible to the Board for the efficient and effective management of Seymour Health.



Director Clinical Services

Anne Daley

RN, Grad. Dip. App. Science (Critical Care Nursing)

The Director of Clinical Services has professional responsibility for all clinical staff and operational responsibility for all clinical services across the organisation. The role involves community engagement.



Director Quality, Risk & Safety

Vickie Callaghan

RN, B. App. Science, Cert. Critical Care

The Director Quality, Risk and Safety has responsibility for quality activities, management of accreditation processes, safety and quality of patient care, organisational improvement, risk management, consumer feedback, legislative compliance and policy development and review.



Director Business Services

Colin James CA, B.FA

The Director of Business Services has overall responsibility for the effective delivery of corporate and operational support services. The role includes Chief Finance Officer and Chief Procurement Officer responsibilities.



Director People & Culture

Jason King

BA (Law & Legal Studies), CAHRI FIML

The Director People & Culture and Communications oversees People & Culture (HR), Administration and Communications. This includes employee and industrial relations, talent management, staff safety and wellbeing, and fostering a culture of engagement so Seymour Health is an employer of choice. The Administrative and Communications functions are integrated into the Directorate to support Clinical Services across the breadth of health service delivery.



Director Medical Services

Dr. Dean Pritchard

MBBS (Hons.) FACEM AFRACMA CCPU CEDE

The Director of Medical Services has professional responsibility for the credentialing and management of Visiting Medical Officers and oversight of clinical governance.

Seymour Health Board of Directors

The Board of Seymour Health has overall responsibility for the strategic direction and operational efficiency of the organisation. Board Directors are appointed by the Governor in Council upon recommendation from the State Minister for Health.

The Board provides guidance and direction to the (Board appointed) Chief Executive Officer and senior hospital management staff. The Board meets on the last Thursday of the month, in addition to attending other nominated sub-committee meetings, community meetings and training, development and business activities.

Helen Hull – Chair Appointment 2020 | Term expiry 30 June 2026



BBus

Nomination & Remuneration Committee

Helen is a senior consultant that specialises in governance and information technology management. Helen has extensive experience with state government in corporate roles including information technology, risk and audit, governance, and strategy. She utilises this expertise for the Seymour community through her Board participation. Helen is keen to ensure the hospital's patients receive the highest possible service, and the staff are acknowledged for their dedicated service.

Russell Harrison – Deputy Chair Appointment 2019 | Retired 30 June 2026



Clinical Governance Committee | Credentialing Committee | Nomination & Remuneration

BVSc DipPracMgt, GradCertHSM, GAICD

Dr. Russell Harrison is currently the GM Dog and Vision Services at Guide Dogs Victoria. With experience in disability support services, Russell has a passion for improving systems and supporting staff to ensure that consumers are at the centre of everything we do. Russell has held non-executive and committee positions in the aged care, disability and animal health sector.

Laura Jeffery Appointment 2021 | Term expiry 30 June 2027



B.Comm, CPA, GAICD

Finance Risk & Audit Committee Chair / Community Reference Committee

Laura is a Certified Practising Accountant who has used her 15+ years' experience in the Mining Industry to build her company, providing asset management, financial modelling, project management and acquisition and divestment services to the Resources industry. Laura has held Non-Executive Director and committee positions for a number of organisations, including the peak body of a federated organisation in the early childhood industry.

Sue van Buuren Appointment 2019| Term expiry 30 June 2027



ANZIIF (snr Assoc) CIP

Nomination & Remuneration Committee |Finance Risk & Audit Committee

Sue is an experienced risk management and compliance specialist, with a background in general insurance and health insurance. Sue has strong skills in influencing, communication and stakeholder engagement. Sue holds a Diploma in Integrated Risk Management and a Certificate IV in Workplace Training and Assessment.

Julie Paul, OAM Appointment 2020 | Term expiry 30 June 2026



Clinical Governance Committee Chair / Credentialing Committee

RN, BaAppSc., MPHC, GradCertHlth, GradDipHlthSc.

Julie has a nursing background with extensive experience in clinical, education and management roles. She has worked in the public, private and not-for-profit health sectors. Julie is passionate about providing best practice health care which meets the needs of the local community and has a strong interest in communities partnering with services to achieve this.

Ewan McDonald Appointment 2021 | Retired 30 June 2026



Nomination & Remuneration Committee | Community Reference Committee Chair

Ewan has a background in public safety and emergency management. His interests are centred upon the importance of building resilient communities and the relevance of social justice indicators in measuring performance of public sector agencies.

Andrew Jaworski Appointment 2022 | Term expiry 30 June 2028



Finance, Risk & Audit Committee | Credentialing Committee

LLB(Hons) BScOptom GradDipLaw(Comm) GradCert TMLP AFCHSM CHM MAICD CIPT CIPM FGIA

Andrew is a solicitor with almost 20 years' experience in corporate and commercial law and a focus on health and technology. Admitted in Australia and England and Wales, Andrew has worked in top tier private practice, consulting firms and in senior in-house roles in the UK, throughout APAC and ASEAN. He holds non-executive and committee positions on several Boards in the NFP/health sectors. Andrew has a strong interest in public health, with a clinical and research background prior to studying law.

Maree Feery Appointment 2023 | Term expiry 30 June 2026



Clinical Governance | Nomination & Remuneration Committee

BHlthSci, GradDipHlthAdmin, GradDipBusMgt, MBusL'ship, MAICD

Maree has over 25 year's extensive senior executive experience in public, private and not for profit healthcare. She brings to the Board her broad expertise in culture, strategy, governance, leadership and workforce development, people experience, diversity and inclusion and health, safety and wellbeing across various strategic horizons. Maree's passion lies with continually improving the consumer healthcare experience and the employee experience and overall performance and outcomes for the community.

Katherine Reeves Appointment 2023 | Term expiry 30 June 2026



Finance Risk & Audit Committee | Clinical Governance

BSc, CA, GAICD

Katherine is a chartered accountant with over 25 years of strategic and leadership experience across three countries (UK, New Zealand and Australia). Initially working for KPMG (one of the big four global accountancy practices) in transaction services for over 14 years focusing on due diligence and capital raising processes, she has subsequently focused on education and health. Katherine has significant experience in public sector governance, audit processes and risk management frameworks and has first-hand experience with rural and remote organisations. Katherine has a strong focus on maximising services to the community whilst ensuring long term financial viability of the entity.

Organisational Chart



Statutory statements

Employment and conduct principles

Seymour Health ensures a fair and transparent process for recruitment, selection, transfer and promotion of staff. It bases its employment selection on merit and complies with the relevant employment law and anti-discrimination legislation. Policies and procedures are in place to ensure staff are treated fairly and respected; to provide avenues to raise a workplace grievance or complaint, and for the organisation to investigate complaints and act where appropriate.

Seymour Health is committed to the application of the employment and conduct principles, and all employees have been correctly classified in workforce data collections.

Workforce data

Labour Category	JUNE Current Month FTE		AVERAGE MONTHLY FTE	
	2025	2026	2025	2026
Nursing	107.38	100.87	103.25	102.41
Administration and Clerical	30.46	30.10	30.85	29.79
Medical Support	4.88	6.47	4.79	7.78
Hotel and Allied Services	27.76	27.74	27.80	27.16
Sessional Clinicians	0.25	0.27	0.25	0.27
Ancillary Staff (Allied Health)	15.31	11.83	14.77	10.97
Total	**186.04**	**177.28**	**181.71**	**178.38**

The FTE figures in this table exclude overtime and do not include contracted staff who are not regarded as employees for this purpose (i.e. agency nurses, Nurse Practitioners, Visiting Medical Officers).

Occupational Health and Safety (OHS)

Seymour Health is committed to supporting a strong safety culture that proactively works to improve on practices and comply with the legislation. This is achieved through monitoring safety management systems and by regular consultation with employees, management, contractors, visitors and consumers to identify, assess and reduce risks, with the aim to prevent injuries within the workplace.
The OHS Committee evaluate all safety matters and provide recommendations for improvements in practices to the Executive team via the Chair or Management representatives on the Committee.

The OHS Committee is comprised of two Directors (as Executive representatives of the Persons Conducing a Business or Undertaking (PCBU)), the Safety and Wellbeing Coordinator, the Chief Warden, and the Health and Safety Representatives (HSRs). HSRs represent all departments within the organisation. HSRs are elected by their peers. All new HSRs undertake the initial five day legislated OHS training and internal Manual Handling Assessor training is conducted to provide valuable knowledge and skills in supporting staff to assist with facilitating training and prevent risks within the workplace.

Projects completed during the past twelve months to improve safety include:

- Major achievements include the introduction *RespectX* reporting software to support a safe, respectful, and accountable workplace culture. The platform has strengthened our ability to manage workplace concerns, monitor trends, support timely responses, and promote compliance with organisational policies and legislative requirements with respect to Psychological Safety.
- RespectX has provided employees with a confidential and accessible avenue to raise concerns, contributing to

increased transparency and trust across the organisation. The insights generated through the system have enabled leadership to identify emerging risks, target education initiatives, and drive continuous improvement in workplace behaviour and culture.

- Our ongoing investment in RespectX reflects our commitment to fostering a workplace where all employees feel safe, respected, and empowered to speak up. We will continue to leverage the platform's capabilities to enhance reporting, support early intervention, and strengthen our culture of respect and inclusion.
- Other projects include, following consultation on wide range of OHS issues, including improvements to the built environment for Night Shift staff such as reserved car parking that is safer and closer. *Safe Parking means Peace of Mind.*

Occupational violence

Occupational violence statistics	2025-26
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	42
Number of occupational violence incidents reported per 100 FTE	23.5
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	2.5%

Definitions of occupation 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.

WorkCover

Seymour Health's WorkCover claims have been well managed through prompt intervention following an injury with engagement of the injured worker, managers, treating practitioners and WorkCover Agent working collaboratively for successful rehabilitation. Seymour Health had one standard claim, and one minor claim with minimal time lost and minimal claims costs, which is a significant decrease from the previous year.

	2023-24	2024-25	2025-26
The number of reported hazards/incidents for the year per 100 full-time equivalent staff members	63.94	42.23	37.17
The number of 'lost time' standard WorkCover claims for the year per 100 full-time equivalent staff members	1.64	1.29	0.56
The average cost per WorkCover claim for the year ('000)	$79	$106	$12

Consultancies

Details of consultancies (under $10,000)

In 2025-26, Seymour Health engaged one consultant where the total fees payable to the consultants were less than $10,000. The total expenditure incurred in relation to this consultancy was $7260 (exc./ GST)

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

In 2025–26, one consultant was engaged where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred in relation to this consultancy was $6,000 (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2025-26 (excluding GST)	Future expenditure (excluding GST)
Beattie Vass Design PYT LTD	Wayfinding and Signage Consultancy	May-24	Oct-25	$50,000	$6,000	$0

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2025-26 was $1,003,621 (excl. GST) with the details shown below:

Business as Usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
$1,003,621	Nil	Nil	Nil

Carers Recognition Act 2012

The *Carers Recognition Act 2012* provides a framework for transparency between the hospital and carers as defined in the Act, to ensure open communication at all times and improve healthcare outcomes for the community. Seymour Health has taken all practical measures to comply with its obligations under the Act. These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act
- Considering the care relationship principles set out in the Act when setting policies and providing services

Safe Patient Care Act 2015

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

Review and study expenses

Seymour Health conducted zero reviews or studies in relation to service provision and patient care during the reporting period.

Freedom of Information Act 1982

The *Freedom of Information Act 1982* provides for members of the public to access their medical records for the purpose of viewing, amending incorrect notations or copying parts of the record. In accordance with the Act an application fee is payable upon request and administration charges apply.

During 2025-2026, Seymour Health received 36 applications. Of these requests, zero were from Members of Parliament, zero from the media, and the remainder from the general public.
Seymour Health made 36 FOI decisions during the 12 months ended 30 June 2026.
There were 34 decisions made within the statutory time periods. Of the decisions made outside time, one was made within a further 45 days and zero decisions were made in greater than 45 days.
Of the total decisions made, 35 granted access to documents in full, zero granted access in part and zero denied access in full. Zero 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 seven days.
During 2025-2026, zero requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner. Zero requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Building Act 1993

All renovations and maintenance to existing buildings conform to the *Buildings Act 1993*. All existing buildings comply with regulations in force at the time of construction. There are no orders to cease occupancy or to undertake urgent works. The site is subject to a Fire Safety Audit and Risk Assessment according to revised standards as directed by the Department of Health.

- Mechanisms to ensure that buildings conform with building standards are managed via regular inspections, audits and continual monitoring of the Essential Safety Measures Maintenance Requirements as required by the National Construction Code and other relevant standards
- There are a total of eleven Building Permits and associated Final Inspection / Occupancy Permits for Seymour Health
- There are zero emergency orders and building orders issued in relation to buildings
- There are zero buildings that have been brought into conformity with building standards during the reporting period

Public Interest Disclosures Act 2012

Seymour Health is an agency subject to the *Public Interest Disclosures Act 2012,* which enables people to make disclosures about improper conduct within the public sector without fear of reprisal. The Act aims to ensure openness and accountability by encouraging people to make disclosures and protecting them when they do. Policies and guidelines are in place to protect people against actions that might be taken against them if they choose to make a protected disclosure. Complaints regarding improper conduct and corruption in the Victorian public sector can be reported to the Independent Broad-based Anticorruption Commission (IBAC); www.ibac.vic.gov.au

There were no disclosures to IBAC under section 21(2) during 2025-26.

Local Jobs First Act 2003

Seymour Health complies with the regulations of the *Local Jobs First Act 2003.* In 2025-26, there were no contracts entered into to which Local Jobs First (previously VIPP) plan was required. Seymour Health continues to engage with local contractors to support the local community.

Workforce Inclusion Policy

Seymour Health recognises that meaningful workplace inclusion and gender equality outcomes require sustained effort over time. Progress against workforce inclusion measures work in partnership with gender-equality goals and will continue to be monitored through workforce data, employee engagement feedback, Gender Equality Action Plan reporting and future workplace data audits. These activities support ongoing improvements and identification of opportunities for new inclusion initiatives.

Gender Equality Act 2020

The *Gender Equality Act 2020 (Vic)* ('the Act') came into effect in March 2021, bringing with it a requirement for Victorian health services to conduct workplace gender audits, translate the findings into a four-year Gender Equality Action Plan (GEAP) and submit workplace gender audits and progress reports every two years.

The Seymour Health Gender Equality Action Plan 2026-2030 is publicly available on the Seymour Health website.

In December 2025, Seymour Health was required to:

- Complete a workforce data audit to collect, compare, and submit information about workplace gender equality

In May 2026, Seymour Health was required to:

- Submit a progress report, drawing on the audit data and other information, to demonstrate whether actions are achieving positive change towards workplace gender equality, and in public programs, policies and services.
- Submit a Seymour Health Gender Equality Action Plan 2026-2030.

The Commission for Gender Equality in the Public Sector ('the Commission') provided a 'Compliance assessment for your 2025 workplace gender audit' in March 2025.

The Commission assessed Seymour Health's audit, and it was confirmed that Seymour Health's audit was assessed as compliant under the Act. The Commission did not find any issues in Seymour Health's audit that required amendment or resubmission. The Commission is expected to provide a compliance assessment and feedback on the 2026 progress report and Seymour Health Gender Equality Action Plan 2026-2030 by approximately September 2026.

The feedback identified data quality issues due to the complexity of extracting data from HR and Payroll systems and undertaking necessary data cleansing and manipulation for submission to the Commission, as well as the mandatory inclusion of data for the 2025 audit that were 'recommended' for the 2023 audit. Additional data will become mandatory for the 2027 audit. It is anticipated that the continuing maturation of Seymour Health's HR and payroll systems will assist with achieving a compliant audit in 2027.

National Competition Policy Reform Act 1995

Seymour Health complied with the National Competition Policy, including compliance with the requirements of the policy statement 'Competitive Neutrality Policy Victoria', and any subsequent reforms. No complaints or issues were received regarding Competitive Neutrality.

Key financial and service performance reporting

Service and Activity data	2025-26	2024-25	2023-24
Admitted patient separations			
Acute			
Same day	2545	2,930	2,759
Overnight stay	380	338	338
Palliative care	40	31	45
Total separated patients	**2925**	**3,268**	**3,142**
Admitted patient days			
Acute	5086	5,406	4,562
Palliative care	493	250	582
Total patient days	**5579**	**5,656**	**5,144**
Total Acute NWAU	1,159.50	1,148.38	1,033.8
Separation per available bed	243.75 (12 beds)	130.7	103.2
ALOS of admitted patient (days)	1.8	2.8	4.37
Occupancy rate; admitted patients – acute beds	66.7	15	24.1
Organisation data			
Inpatients treated	2,925	3,268	3,089
Daily average occupancy (acute beds)	66.7 (12 beds)	15	24.1
Average stay in days	1.8	2.8	4.37
Urgent Care Centre attendances	8661	8,072	7,409
Surgical procedures	1124	1,062	1,151
District Nursing			
Occasions of service	5900	5,782	7,158
Hours of service	5164	5,617	6,372
Number of clients seen	216	251	259
Residential Aged Care			
Bed days – nursing home resident (inc. respite)	14,002	13,499	12,967
Residential In Reach occasions of service	663	424	-
Residential In Reach clients seen	163	118	-
Food services			
Meals prepared	60,843	57,483	56,805
Social Support Group			
Attendances	2535	3,371	2,999
Hours of service	9454	12,825	12,603
Number of clients seen	35	58	60
Health Independent Programs			
Sub-Acute Ambulatory (SACS)			
Client contacts	4489	4,157	3,912
Group sessions	543	518	426
Home-based rehabilitation	146	147	112
HARP (Hospital Admission Risk Program) contacts	1848	1,980	1,864
HARP new referrals	152	160	182
Post-Acute Care completed episodes	823	792	761
Post-Acute Care client contacts	5659	4,356	5,566
Lower Hume services			
Palliative Care contacts	7292	7,313	6,501
Dental services			
Attendances	2861	2,872	2,592
Treatments	10,468	9,730	8,705
Emergency treatments and vouchers	2875	871	1,015
Smile Squad contacts	966	477	1,174
Smile Squad treatments	5900	742	3,115
Community Health			
Referrals	178	241	153
Attendances	487	661	599

Environmental Performance

Seymour Health reports on environmental performance on a regular basis to the Department of Health through the Department's Environmental Data Management System. We recognise that conserving and protecting the environment for future generations is critical. We are focused on the key challenges of climate change, reducing greenhouse gas emissions, energy and water use and resources.

Greenhouse Gas Emissions	2025-26	2024-25	2023-24
G1 Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))			
Carbon Dioxide	179.55	221.16	271.68
Methane	0.33	0.39	0.47
Nitrous Oxide	0.13	0.18	0.24
Total	**180.01**	**221.74**	**272.39**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	**171.38**	**186.84**	**238.48**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	**8.63**	**23.51**	**33.92**
Medical/Refrigerant gases			
Nitrous oxide	22.36	7.43	-
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	**202.38**	**229.17**	**272.39**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))			
Electricity	903.68	893.69	879.11
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	**903.68**	**893.69**	**879.11**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))			
Commercial air travel			
Waste emissions (WR5)	30.55	73.31	73.33
Indirect emissions from Stationary Energy	136.02	136.75	127.04
Indirect emissions from Transport Energy	2.20	5.98	8.63
Paper emissions			7.82
Water emissions	18.19	21.57	21.40
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (CO2-e(t))	**186.96**	**237.61**	**238.22**
G(Opt) Net greenhouse gas emissions (CO2-e(t))			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	**1,293.02**	**1,360.47**	**1,389.73**
Total gross reported greenhouse gas emissions per bed-day (CO2-e(t)/OBD)	0.07	0.07	0.08
Purchased LGC's	-1,098.22	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-1,026.40**	**0.00**	**0.00**
Any Offsets purchased	**-1,026.40**		
Net greenhouse gas emissions (CO2-e(t))	**266.62**	**1,360.47**	**1,389.73**

Electricity Use	2025-26	2024-25	2023-24
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	1,348.72	1,354.96	1,336.61
Self-generated	169.87	169.87	170.50
EL1 Total electricity consumption (MWh)	**1,518.59**	**1,524.83**	**1,507.11**
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			

Solar Electricity	169.87	169.87	170.50
Total Consumption behind-the-meter (MWh)	**169.87**	**169.87**	**170.50**
Exports			
EL2 Total On site-electricity generated (MWh)	**169.87**	**169.87**	**170.50**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	0.55	0.55	0.55
Solar System	0.15	0.15	0.15
EL3 Total On-site installed generation capacity (MW)	**0.70**	**0.70**	**0.70**
EL4 Total electricity offsets segmented by offset type (MWh)			
LGC's voluntarily retired on the entity's behalf	1,192.63	-	-
RPP (Renewable Power Percentage in the grid)	233.07	248.29	250.75
EL4 Total electricity offsets (MWh)	**1,348.72**	**248.29**	**250.75**

Stationary Energy	**2025-26**	**2024-25**	**2023-24**
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	3,325,821.90	3,625,784.20	4,627,935.00
F1 Total fuels used in buildings (MJ)	**3,325,821.90**	**3,625,784.20**	**4,627,935.00**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))			
Natural gas	171.38	186.84	238.48
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	**171.38**	**186.84**	**238.48**

Transportation Energy	**2025-26**	**2024-25**	**2023-24**
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline	127,655.10	335,085.00	488,988.20
Petrol	**127,655.10**	**335,085.00**	**488,988.20**
Non-executive fleet - E10	-	13,927.30	13,967.00
Petrol (E10)	**-**	**13,927.30**	**13,967.00**
Total energy used in transportation (vehicle fleet) (MJ)	**127,655.10**	**349,012.30**	**502,955.20**
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))			
Non-executive fleet - Gasoline	8.63	22.66	33.07
Petrol	**8.63**	**22.66**	**33.07**
Non-executive fleet - E10	-	0.85	0.85
Petrol (E10)	**-**	**0.85**	**0.85**
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	**8.63**	**23.51**	**33.92**

Total Energy Use	**2025-26**	**2024-25**	**2023-24**
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	3,325,821.90	3,846,944.90	4,627,935.00
Total energy usage from transport (T1) (MJ)	127,655.10	349,012.30	502,955.20
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**3,453,477.00**	**4,195,957.20**	**5,130,890.20**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	4,876,964.76	5,489,383.26	5,425,586.93
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	4,779,784.20	1,506,770.97	1,517,900.36
Non-renewable (E1 + E2 - E3 Renewable)	3,818,442.36	8,178,569.49	9,038,576.78
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	632.43	679.99	760.59
Energy per unit of LOS (MJ/LOS)	1,532.90	1,725.12	1,960.13

Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	447.72	487.74	547.97
Energy per unit of Separations (MJ/Separations)	3,006.06	2,852.53	3,254.62
Energy per unit of floor space (MJ/m2)	1,244.20	1,321.12	1,422.60

Water Use	**2025-26**	**2024-25**	**2023-24**
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	12,966.20	13,188.80	12,750.47
Total units of water consumed (kL)	**12,966.20**	**13,188.80**	**12,750.47**
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)	0.93	0.96	0.96
Water per unit of LOS (kL/LOS)	2.26	2.44	2.49
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.66	0.69	0.69
Water per unit of Separations (kL/Separations)	4.43	4.03	4.13
Water per unit of floor space (kL/m2)	1.83	1.87	1.80

Waste and Recycling	**2025-26**	**2024-25**	**2023-24**
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - skips	19,314.00	52,200.00	52,200.00
Offsite treatment			
Clinical waste - incinerated			7.49
Clinical waste - sharps	402.85	402.85	404.24
Clinical waste - treated	3,786.53	3,786.53	3,800.00
Recycling/recovery (disposal)			
Cardboard			22,404.60
Paper (confidential)			
PVC	48.00	60.00	465.00
Total units of waste disposed (kg)	**23,551.38**	**56,449.38**	**79,281.33**
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	82.01%	92.47%	65.84%
Offsite treatment			
Clinical waste - incinerated			0.01%
Clinical waste - sharps	1.71%	0.71%	0.51%
Clinical waste - treated	16.08%	6.71%	4.79%
Recycling/recovery (disposal)			
Cardboard			28.26%
Paper (confidential)			
PVC	0.20%	0.11%	0.59%
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per patient treated ((kg general waste)/PPT)	0.86	2.33	2.44
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.19	0.19	0.20
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.00	0.00	1.07
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	48.00	60.00	22,869.60
Weight of total waste (kg)	23,551.38	56,449.38	79,281.33

Recycling rate (%)	**0.20%**	**0.11%**	**28.85%**
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))			
CO2-e(t)	30.55	73.31	73.33

Normalisation Factors	2025-26	2024-25	2023-24
Aged Care OBD	13,903.00	13,411.00	13,218.00
FTE	182.00	186.00	183.00
LOS	5,736.00	5,412.00	5,129.00
OBD	19,639.00	18,823.00	18,347.00
PPT	22,564.00	22,096.00	21,436.00
Separations	2,925.00	3,273.00	3,089.00
TotalAreaM2	7,067.00	7,067.00	7,067.00

Additional information available on request

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

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

This information is available on request from:
Director of Business Services
Colin James
Phone: (03) 57936100

Strategic Priorities

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

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 Deliverables	Achievements/Outcome
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** Commentary: The Seymour Health Board-endorsed Clinical Governance Framework and the Community and Consumer Engagement Framework detailing our commitment to consumer co-design and engagement in the planning and delivery of care at Seymour Health. Our committee structure ensures consumers are key members of operational and governance committees. Our Community Reference Committee has membership representing a broad cross-section of the community providing advice to the Board of Seymour Health.
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** Commentary: Seymour Health has a robust Risk Management Framework aligned to the Victorian Government Risk Management Framework. Our culture and decision-making processes are underpinned by the risk-based approach outlined in these Frameworks. Our operational Quality Risk and Safety committee and our Board Clinical Governance committee both have staff and consumer representatives in their membership.
Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement	**Achieved** Commentary: Seymour Health has comprehensive on-line and in-person mandatory competency programs in place to ensure our staff develop and maintain a high level of knowledge and skill to ensure the delivery of high quality, safe care delivery to our consumers. Monthly compliance audits are conducted to ensure the staff are meeting their professional development and training obligations.
GOAL	
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	
Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists	**Achieved** Commentary: In partnership with the member agencies in the North Metro & Mitchell Local Health Service Network, a Clinical Services Plan has been developed that includes strategies to increase surgical capability and capacity at Seymour Health. This includes a review and redesign of elective surgery waitlist management at Seymour.

Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients)	**Part Achieved/Ongoing** Commentary: Redesign of elective surgery waitlist management across the North Metro & Mitchell Local Health Service Network is included in the Network Clinical Services Plan. The development of surgical care pathways is a key deliverable within the Plan.
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 Deliverables	Achievements/Outcome
Deliver the key initiatives outlined in the Budget Action Plan within Government parameters	**Achieved** Commentary: Seymour Health developed a Financial Management Improvement Plan / Budget Action Plan which achieved over $1.0M in savings and cost efficiencies.
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** Commentary: By leveraging the knowledge, skills and systems of our partners in the North Metro & Mitchell Local Health Service Network, Seymour Health has gained access to and utilised a broad range of data analytics and data, previously unavailable to the organisation, to inform planning and decisions. We have implemented a new Building Management System which is assisting the organisation to realise significant energy and cost savings and inform the implementation of several environmental sustainability programs.
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** Commentary: Seymour Health partnered with Austin Health, as the key rural partner, in the successful Virtual Hospitals Pilot Program which has facilitated care closer to home for the participants of the program. We were also an early adopter of the Victorian Virtual Emergency Department (VVED) program in both the Urgent Care and Aged Care settings at Seymour Health. Both programs have been instrumental in meeting demand and driving down waiting lists and waiting times. Seymour Health continues to explore the feasibility of introducing a Short Stay Unit to reduce unnecessary ambulance transfer from our Urgent Care Centre to a tertiary hospital, driving efficiency, safety and care closer to home.
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 regenerative and sustainable workforce.	

Health Service Deliverables	Achievements/Outcome
Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care	**Achieved/Ongoing** Commentary: Seymour Health completed the deliverables required in the Gender Equality Action Plan (GEAP) 2022-26 and submitted a fully compliant report. The new GEAP 2026-30 was endorsed and submitted to the Commission in May 2026. Seymour Health has had a strong focus on staff health and wellbeing, including implementation of several initiatives designed to ensure a safe workplace environment, a strong just culture and assure the psychological safety of our staff. These initiatives included the implementation of the RespectX platform to assist in addressing counter-productive workplace behaviour and a range of professional development programs; including training for the Leadership Team from the Black Dog Institute on Psychological Safety. Seymour Health has a Board-endorsed Workforce Plan and are actively engaged in the development and implementation of the North Metro & Mitchell Local Health Service Network Workforce Plan.
Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning	**Part Achieved/Ongoing** Commentary: The North Metro & Mitchell Local Health Service Network Plan has been developed and submitted to the Department of Health. This Plan is underpinned by data and has been used to inform the Clinical Services and Strategic Plans of the organisation, and the future workforce requirements to meet current and emerging health care needs and demands across the Network and Seymour.
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 Deliverables	Achievements/Outcome
Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business	**Achieved/Ongoing** Commentary: All staff and Board Directors at Seymour Health undertake annual Department of Health approved cultural safety training and competency assessment.
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** Commentary: Seymour Health maintains a working relationship with local Aboriginal representative groups in the catchment, including the now defunct Lower Hume Aboriginal Network, Rumbalara and Taungurung Land and Waters Council. Our Community Reference Committee boasts two local Aboriginal people on its membership. As an organisation, we remain committed to self-determination for Aboriginal Peoples and strongly support Aboriginal events occurring locally, such as Close the Gap Day and NAIDOC Week celebrations.

Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways	**Achieved** Commentary: Seymour Health has in place systems and processes to identify First Nations Peoples as they present at our health service to ensure we can provide them with culturally sensitive and safe services during and after their care episode.
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 Deliverables	Achievements/Outcome
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)	**Part Achieved/Ongoing** Commentary: Seymour Health is an active and engaged partner in the North Metro & Mitchell Local Health Service Partnership swiftly implementing strategies and actions to enhance services locally, improve Network self-sufficiency, while simultaneously achieving efficiencies at the Network level. We have complied with the requirement within the Network Statement of Expectations that are within our locus of control.

Performance Priorities

High quality and safe care

Key performance indicator	Target	Actual Achievement
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	100%	100%
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating 3 stars	Achieved
Patient experience		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%	100%
Aboriginal Health		
Difference between the percentage of Aboriginal and non-Aboriginal patients who left against medical advice	0%	0%

**The data included in this annual report was accurate at the time of publication. Data may change following audit and data verification, which may not be finalised at the time of publishing.*

Strong governance, leadership and culture

Key performance indicator	Target	Actual Achievement
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	*77%

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

Effective financial management

Key performance indicator	Target	Actual Achievement
Operating result ($M)	0.00	(1.945m)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.70
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. Data may change following audit and data verification, which may not be finalised at the time of publishing.*

Activity and Funding

Funding Type	2025-26 Activity Achievement
Small Rural	
Small rural acute	158.84
Small rural primary health & HACC	2,288
Small rural residential care	14,093
Small rural health workforce	4
Small rural Health Independence Program	12,951
Small rural other specified funding	N/A

**The data included in this annual report was accurate at the time of publication. Data may change following audit and data verification, which may not be finalised at the time of publishing.*

Attestations and declarations

Data integrity declaration

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

Ward Steet
Chief Executive Officer
Seymour Health
27 August 2026

Conflict of interest declaration

I, Ward Steet, certify that Seymour 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 Seymour 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.

Ward Steet
Chief Executive Officer
Seymour Health
27 August 2026

Compliance with Health Share Victoria (HSV) Purchasing Policies

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

Ward Steet
Chief Executive Officer
Seymour Health
27 August 2026

Integrity, fraud and corruption declaration

I, Ward Steet, certify that Seymour Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Seymour Health during the year.

Ward Steet
Chief Executive Officer
Seymour Health
27 August 2026

Financial Management Compliance Attestation

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

Helen Hull
Board Chair
Seymour Health
27 August 2026

Disclosure Index

The Annual Report of Seymour 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
Standing Directions and Financial Reporting Directions		
Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	1, 4
FRD 22	Purpose, functions, powers and duties	4, 5
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Management and structure		
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Financial and other information		
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FRD 22	Application and operation of *Freedom of Information Act 1982*	20
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	20
FRD 22	Application and operation of *Public Interest Disclosures Act 2012*	20
FRD 22	Statement on National Competition Policy	21
FRD 22	Application and operation of *Carers Recognition Act 2012*	19
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FRD 25	*Local Jobs First Act 2003* disclosures	20
Compliance attestation and declaration		
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SD 5.2.3	Declaration in Report of Operations	4
	Attestation on Data Integrity	33
	Attestation on managing Conflicts of Interest	33
	Attestation on Integrity, Fraud and Corruption	33
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Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025-26	27 - 30
	Occupational Violence reporting	18
	Reporting obligations under the *Safe Patient Care Act 2015*	19

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Declaration		
SD 5.2.2	Declaration in financial statements	Refer to Financial Statements
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	Refer to Financial Statements
SD 5.2.1(a)	Compliance with Standing Directions	Refer to Financial Statements
SD 5.2.1(b)	Compliance with Model Financial Report	Refer to Financial Statements
Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	Refer to Financial Statements
FRD 103	Non-Financial Physical Assets	Refer to Financial Statements
FRD 110	Cash Flow Statements	Refer to Financial Statements
FRD 112	Defined Benefit Superannuation Obligations	Refer to Financial Statements
FRD 114	Financial Instruments – general government entities and public non-financial corporations	Refer to Financial Statements
Legislation		
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Carers Recognition Act 2012		19
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Financial Management Act 1994 **(b)**		4

Financial Statements 2025-26

Seymour Health
Financial Report

How this report is structured

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

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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 Seymour 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 Seymour 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 14 September 2026.

Board member	**Accountable Officer**	**Chief Finance & Accounting Officer**
Helen Hull	Ward Steet	Colin James
Board Chair	Chief Executive Officer	Chief Finance and Accounting Officer
Seymour Health	Seymour Health	Seymour Health
14 September 2026	14 September 2026	14 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Seymour Health

Opinion	I have audited the financial report of Seymour 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 amd fair presentation of the financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

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

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

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

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



MELBOURNE
16 September 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Comprehensive Operating Statement

Seymour 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)	10,524	9,574
Government Grants	2.1(b)	21,578	19,246
Other sources of income	2.1(c)	2,478	1,963
Total revenue and income from transactions		**34,580**	**30,783**
Expenses from transactions			
Employee expenses	3.1(a)	(24,982)	(23,759)
Supplies and consumables	3.1(c)	(3,319)	(3,265)
Depreciation and amortisation	4.1(a), 4.1(b)	(3,118)	(3,057)
Other operating expenses	3.1(d)	(4,808)	(3,708)
Total Expenses from transactions		**(36,227)**	**(33,789)**
Net result from transactions - net operating balance		**(1,647)**	**(3,006)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		(5)	107
Net gain/(loss) on financial instruments		(20)	10
Other gain/(loss) from other economic flows		89	9
Total other economic flows included in net result		**64**	**126**
Net result		**(1,583)**	**(2,880)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1(a)	-	150
Total other comprehensive income		**-**	**150**
Comprehensive result		**(1,583)**	**(2,730)**

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

Balance Sheet

Seymour Health
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.2	11,228	13,335
Receivables	5.1	2,395	2,279
Total financial assets		**13,623**	**15,614**
Non-financial assets			
Other non financial assets		412	309
Property, plant and equipment	4.1	42,563	41,081
Right of use assets	4.1(b)	469	433
Total non-financial assets		**43,444**	**41,823**
Total assets		**57,067**	**57,437**
Liabilities			
Payables	5.2	4,837	4,992
Contract liabilities		164	6
Borrowings	6.1	490	499
Employee benefits	3.1(b)	6,380	6,164
Monies held in trust	5.3	7,020	6,017
Total liabilities		**18,891**	**17,678**
Net assets		**38,176**	**39,759**
Equity			
Reserves		36,542	36,542
Contributed capital		6,832	6,832
Accumulated deficit		(5,198)	(3,615)
Total equity		**38,176**	**39,759**

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

Cash Flow Statement

Seymour Health
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash Flows from operating activities			
Receipts from Government		28,578	26,678
Patient fees received		1,829	1,562
Donations and bequests received		133	33
Interest and investment income received		468	602
Other receipts		1,998	1,485
Total receipts		**33,006**	**30,360**
Payments to employees		(22,742)	(21,341)
Payments to VMOs		(1,687)	(1,463)
Payments for supplies and consumables		(2,866)	(2,774)
Other payments		(4,679)	(3,781)
Total payments		**(31,974)**	**(29,359)**
Net cash flows from/(used in) operating activities		**1,032**	**1,001**
Cash Flows from investing activities			
Purchase of non-financial assets		(4,105)	(2,270)
Proceeds from sale of non-financial assets		144	169
Net cash flows from/(used in) investing activities		**(3,961)**	**(2,101)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(193)	(177)
Repayment of accommodation deposits		(900)	(1,070)
Receipt of accommodation deposits		1,915	2,310
Net cash flows from/(used in) financing activities		**822**	**1,063**
Net (decrease)/increase in cash and cash equivalents held		**(2,107)**	**(37)**
Cash and cash equivalents at beginning of year		13,335	13,372
Cash and cash equivalents at end of year	6.2	**11,228**	**13,335**

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

Statement of Changes in Equity

Seymour Health
For the Financial Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Contributed Capital	Accumulated Deficit	Total
	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**36,392**	**6,832**	**(735)**	**42,489**
Net result for the year	-	-	(2,880)	(2,880)
Other comprehensive income for the year	150	-	-	150
Balance at 30 June 2025	**36,542**	**6,832**	**(3,615)**	**39,759**
Net result for the year	-	-	(1,583)	(1,583)
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2026	**36,542**	**6,832**	**(5,198)**	**38,176**

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

Notes to the Financial Statements

Seymour 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 Seymour Health for the year ended 30 June 2026.

Seymour Health is a not-for-profit entity established as a public agency 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 FMA and applicable Australian Accounting Standards (AASs), which include interpretations, issued by the Australian Accounting Standards Board (AASB).

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

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

Consistent with the requirements of AASB 1004 *Contributions,* contributions by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Seymour 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 Seymour Health on 27 August 2026.

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and 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 Seymour Health.

Seymour Health's principal address is:
1 Bretonneux Street
Seymour, Victoria 3660

Note 1.4 Economic dependency

Seymour 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. Seymour 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 Seymour Health's operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

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

Significant judgement – Grants income

Seymour Health has made the judgment that the funding received to purchase a bus for patient access to dialysis treatment should be recognised under AASB 1058 on the basis that a non-financial asset needs to be purchased. Currently a liability has been recognised for the revenue received, the bus will be purchased in the 2026-27 financial year and at that time the funding will be recognised as revenue.

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)	10,524	9,574
Government Grants	2.1(b)	21,578	19,246
Other sources of income	2.1(c)	2,478	1,963
Total revenue and income from transactions		**34,580**	**30,783**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - Operating	2,628	2,452
Government grants (Commonwealth) - Operating	5,853	5,278
Patient and resident fees	1,879	1,705
Commercial activities	164	139
Total revenue from contracts with customers	**10,524**	**9,574**

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

This policy applies to each of Seymour Health's revenue streams, with information detailed below relating to Seymour 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.

Dental Health Services Activity paid as Dental Weighted Activity Units (DWAUs)	The dental funding is to provide public dental health services to children and adults. Seymour Health is required to provide a set number of dental services measured in DWAUs. Revenue is recognised over time, as and when the services are delivered

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

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		18,122	17,664
Government grants (State) - Capital		3,456	1,582
Total Government grants		**21,578**	**19,246**

How we recognise Government grants

Government grants

Seymour 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 Seymour Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, Seymour 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 Seymour 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 Seymour 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 Seymour Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Seymour 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.
Victorian Infrastructure Delivery Authority	The Department of Health made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of Seymour Health
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

	2026 $'000	2025 $'000
Other capital purpose income	147	171
Capital donations	100	24
Assets received free of charge or for nominal consideration	-	19
Other income from operating activities	1,763	1,147
Income from non-operating activities	468	602
Total other sources of income	**2,478**	**1,963**

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)	24,982	23,759
Supplies and consumables	3.1(c)	3,319	3,265
Other operating expenses	3.1(d)	4,808	3,708
Total expenses incurred in the delivery of services		**33,109**	**30,732**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	20,969	20,069
Superannuation expense [(1)]	2,289	2,134
Agency expenses	48	81
Fee for service medical officer expenses	1,676	1,475
Total employee expenses	**24,982**	**23,759**

(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	57	65
Annual leave	2,384	2,184
Long service leave	2,691	2,726
Provision for on-costs	738	675
Total current provisions for employee benefits	**5,870**	**5,650**
Non-current provisions for employee benefits		
Long service leave	445	449
Provision for on-costs	65	65
Total non-current provisions for employee benefits	**510**	**514**
Total provisions for employee benefits	**6,380**	**6,164**

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

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

Provisions

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

Note 3.1(c) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	64	81
Medical and surgical supplies (including Prostheses)	695	708
Diagnostic and radiology supplies	301	311
Purchased Medical Services	1,033	1,001
Other supplies and consumables	1,226	1,164
Total supplies and consumables	**3,319**	**3,265**

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
Other operating expenses		
Low value lease expenses	104	101
Fuel, light, power and water	435	425
Repairs and maintenance	200	162
Maintenance contracts	247	219
Medical indemnity insurance	167	141
Equipment purchases	58	77
HRHA expenses	1,497	960
Information Technology expenses	823	643
Other administration expenses	1,277	980
Total other operating expenses	**4,808**	**3,708**

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 Seymour 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

Seymour 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 Seymour 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	2025	2026	2025	2026	2025
	$'000	$'000	$'000	$'000	$'000	$'000
Land at fair value	3,987	3,385	-	-	3,987	3,385
Buildings at fair value	36,315	35,954	(5,208)	(2,594)	31,107	33,360
Works in progress at cost	4,579	2,096	-	-	4,579	2,096
Plant, equipment and vehicles at fair value	5,745	5,056	(2,855)	(2,816)	2,890	2,240
Total property, plant and equipment	**50,626**	**46,491**	**(8,063)**	**(5,410)**	**42,563**	**41,081**

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.

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

	Land	Buildings	Works in progress	Plant, equipment and vehicles	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2025	**3,385**	**33,360**	**2,096**	**2,240**	**41,081**
Additions	-	6	3,465	1,120	4,591
Disposals	-	-	-	(64)	(64)
Revaluation increments/(decrements)	-	-	-	-	-
Net transfers between classes	602	356	(982)	24	-
Depreciation	-	(2,615)	-	(430)	(3,045)
Balance at 30 June 2026	**3,987**	**31,107**	**4,579**	**2,890**	**42,563**

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 FRD103, Seymour Health has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next full revaluation or next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Seymour Health's revaluation cycle.

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]	532	521	(63)	(88)	469	433
Total right-of-use assets	**532**	**521**	**(63)**	**(88)**	**469**	**433**

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025 [1]	**433**	**433**
Additions	185	185
Disposals	(76)	(76)
Revaluation increments/(decrements)		-
Net transfers between classes		-
Depreciation	(73)	(73)
Balance at 30 June 2026	**469**	**469**

(1) As a result of a change in FRD 104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.3.

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

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

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	10 - 50 years	10 - 50 years
Plant, equipment and vehicles (including leased assets)	3 - 25 years	3 - 25 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Payables
5.3 Monies held in trust

Note 5.1 Receivables

How we recognise receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Debtors		270	299
Allowance for impairment losses		(26)	(20)
HRHA receivables		356	180
Accrued revenue		142	264
Total contractual receivables		**742**	**723**
Statutory			
GST receivable		263	230
Total statutory receivables		**263**	**230**
Total current receivables		**1,005**	**953**
Non-current receivables			
Long service leave - Department of Health		1,390	1,326
Total non-current receivables		**1,390**	**1,326**
Total receivables		**2,395**	**2,279**

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		551	178
Accrued salaries and wages		1,154	847
Accrued expenses		559	496
Deferred capital grant income	5.2(a)	1,236	2,333
Department of Health		479	288
HRHA payables		701	700
Amounts payable to governments and agencies		141	128
Total contractual payables		**4,821**	**4,970**
Statutory			
GST payable		6	11
FBT payable		10	11
Total statutory payables		**16**	**22**
Total current payables		**4,837**	**4,992**
Total payables		**4,837**	**4,992**

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 Seymour Health prior to the end of the financial year that are unpaid.

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

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

Note 5.2(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	2,333	1,841
Grant consideration for capital works received during the year	1,749	1,970
Deferred capital grant income recognised as income due to completion of capital works	(2,846)	(1,478)
Closing balance of deferred capital grant income	**1,236**	**2,333**

How we recognise deferred capital grant income

Grant consideration was received from Department of Health to support the construction of

- Theatre redevelopment
- Asphalt car park
- Fire safety
- Mechanical Plant – air conditioning replacement
- Theatre Medical Equipment
- Kitchen Refurbishment
- BMS upgrade

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

Note 5.3 Monies held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Refundable accommodation deposits		7,020	6,010
Other monies		-	7
Total current monies held in trust		**7,020**	**6,017**
Total monies held in trust		**7,020**	**6,017**
*** Represented by:**			
- Cash assets	6.2	7,020	6,017
		7,020	**6,017**

How we recognise other liabilities

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Seymour 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 1997*.

Note 6 How we finance our operations

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

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

Structure

6.1 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure

Note 6.1 Borrowings

	Note	2026 $'000	2025 $'000
Current borrowings			
Loan - Department of Health		-	45
Lease liability	6.1(a)	92	90
Total current borrowings		**92**	**135**
Non-current borrowings			
Lease liability	6.1(a)	398	364
Total non-current borrowings		**398**	**364**
Total borrowings		**490**	**499**

How we recognise borrowings

Borrowings include an interest free loan through the Department of Health, the loan was fully repaid in 2026 and other funds raised through lease liabilities.

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

Terms and conditions of borrowings

					Maturity Dates			
30 June 2026	**Note**	**Weighted average interest rate (%)**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**
Loan - Department of Health	6.1	0.00%	-	-				
Lease liabilities	6.1	7.60%	490	530	10	19	87	414
Total Financial Liabilities			**490**	**530**	**10**	**19**	**87**	**414**

					Maturity Dates			
30 June 2025	**Note**	**Weighted average interest rate (%)**	**Carrying Amount $'000**	**Nominal Amount $'000**	**Less than 1 Month $'000**	**1-3 Months $'000**	**3 months - 1 Year $'000**	**1-5 Years $'000**
Loan - Department of Health	6.1	0.00%	45	45			45	
Lease liabilities	6.1	8.50%	454	496	7	15	86	388
Total Financial Liabilities			**499**	**541**	**7**	**15**	**131**	**388**

Note 6.1(a) Lease liabilities

Seymour Health's lease liabilities are summarised below:

	2026 $'000	**2025 $'000**
Current lease liabilities		
Lease liability	92	90
Total current lease liabilities	**92**	**90**
Non-current lease liabilities		
Lease liability	398	364
Total non-current lease liabilities	**398**	**364**
Total lease liabilities	**490**	**454**

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

	2026 $'000	**2025 $'000**
Not longer than one year	116	108
Longer than one year but not longer than five years	414	388
Minimum future lease liability	**530**	**496**
Less unexpired finance expenses	(40)	(42)
Present value of lease liability	**490**	**454**

How we recognise lease liabilities

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

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

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

Seymour Health's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, furniture, fittings and vehicles	2 to 5 years

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

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Seymour Health's incremental borrowing rate. Our lease liability has been discounted by rates of between 5.5% to 7.7%.

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

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

Subsequent measurement

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

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

Note 6.2 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		2	2
Cash at bank (excluding monies held in trust)		3,786	6,611
Cash at bank - HRHA Alliance		420	705
Total cash held for operations		**4,208**	**7,318**
Cash at bank (monies held in trust)	5.3	7,020	6,017
Total cash held as monies in trust		**7,020**	**6,017**
Total cash and cash equivalents		**11,228**	**13,335**

Note 6.3 Commitments for expenditure

30 June 2026	**Less than 1 year $'000**	**1-5 Years $'000**	**Total $'000**
Capital expenditure commitments	370	-	370
Non-cancellable short term and low value lease commitments	60	21	81
Total commitments (inclusive of GST)	**430**	**21**	**451**

30 June 2025	**Less than 1 year $'000**	**1-5 Years $'000**	**Total $'000**
Capital expenditure commitments	2,890	-	2,890
Non-cancellable short term and low value lease commitments	93	81	174
Total commitments (inclusive of GST)	**2,983**	**81**	**3,064**

How we disclose our commitments

Our commitments relate to expenditure and short term and low value leases.

Expenditure commitments

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

Short term and low value leases

Seymour Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities. Refer to Note 6.1 for further information.

Note 7 Financial instruments, contingencies and valuation judgements

Seymour 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 Seymour 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*.

The classes of financial assets held at amortised cost are

- cash and
- receivables.

The classes of financial liabilities held at amortised cost are

- payables
- borrowings
- refundable accommodation deposits

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 Seymour 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.

Seymour 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.

Seymour Health recognises the following liabilities in this category:
- payables (excluding statutory payables and contract liabilities)
- borrowings and
- other liabilities (including monies held in trust).

Note 7.2 Contingent assets and contingent liabilities

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

Note 7.3 Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

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

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

Valuation hierarchy

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

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

Seymour 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.

Seymour 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 Seymour 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 principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

The last scheduled full independent valuation of all of Seymour 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, Seymour 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, Seymour Health considers the current use as its highest and best use.

Non-specialised land, non-specialised buildings and investment properties

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

Specialised land and specialised buildings

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

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

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

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

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

Furniture, fittings, plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Land	Market approach	Community Service Obligations adjustment	25% [(ii)]
Buildings	Current replacement cost approach	Cost per square metre	$2,100 - $11,200/m2 ($5,900)
		Useful life	10 - 50 years (30 years)
Vehicles	Current replacement cost approach	Cost per unit	$25,000 - $98,000 ($61,000 per unit)
		Useful life	5 - 10 years (5 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit	$1,000 - $203,000 ($7,300 per unit)
		Useful life	3 - 25 years (8 years)

[(i)] Weighted average is calculated from independent valuation reports and current asset information

[(ii)] CSO adjustments of 25% were applied to reduce the market approach value for Seymour 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 expenses

There were no ex-gratia payments during the year.

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	27 Jun 2022 - 14 April 2026
Minister for Ambulance Services	2 Oct 2023 - 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	19 December 2024 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 Jun 2026
Minister for Ageing	2 Oct 2023 - 30 Jun 2026
Minister for Multicultural Affairs	2 Oct 2023 - 30 Jun 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2026
Minister for Disability	2 Oct 2023 - 30 Jun 2026
Governing Boards	
H. Hull (Chair)	1 Jul 2025 - 30 Jun 2026
R. Harrison	1 Jul 2025 - 30 Jun 2026
S. van Buuren	1 Jul 2025 - 30 Jun 2026
A. Jaworski	1 Jul 2025 - 30 Jun 2026
L. Jeffery	1 Jul 2025 - 30 Jun 2026
E. McDonald	1 Jul 2025 - 30 Jun 2026
J. Paul	1 Jul 2025 - 30 Jun 2026
M. Feery	1 Jul 2025 - 30 Jun 2026
K. Reeves	1 Jul 2025 - 30 Jun 2026
Accountable Officers	
W. Steet (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	No	No
$0 - $9,999	9	10
$250,000 - $259,999	1	1
Total Numbers	**10**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**303**	**309**

Amounts relating to the Governing Board Members and Accountable Officer of Seymour Health 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.

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

	Total Remuneration 2026 $'000	Total Remuneration 2025 $'000
Total remuneration [i]	896	808
Total number of executives	5	5
Total annualised employee equivalent [ii]	4.3	4.3

[i] The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Seymour 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

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

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

Seymour Health received funding from the Department of Health of $21.7m (2025: $20.6m) and indirect contributions of $0.7m (2025: $0.5m).

Expenses incurred by Seymour 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 Seymour 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 Seymour Health directly or indirectly.

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

KMPs	Position Title
H. Hull	Board Chair
R. Harrison	Deputy Board Chair
S. van Buuren	Board Member
A. Jaworski	Board Member
L. Jeffery	Board Member
E. McDonald	Board Member
J. Paul	Board Member
M. Feery	Board Member
K. Reeves	Board Member
W. Steet	Chief Executive Officer
Dr D. Pritchard	Director Medical Services
C. James	Director Business Services/CFO
A. Daley	Director Clinical Services
V. Callaghan	Director Quality, Risk & Safety
J. King	Director People & Culture

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs[i]	1,199	1,117

[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 Seymour 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 Seymour 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	28	27
Total remuneration of auditors	**28**	**27**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Hume Rural Health Alliance	Information Communications	5.8979	5.364

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

	2026 $'000	2025 $'000
Total revenue and income	1,420	687
Total expenses	(1,530)	(810)
Total net result	(110)	(123)
Total other economic flows	-	(1)
Comprehensive result for the year	(110)	(124)
Total assets	852	935
Total liabilities	(719)	(712)
Total equity	133	223

Contingent liabilities and capital commitments

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