

ANNUAL REPORT 2026

WEST WIMMERA HEALTH SERVICE

wwhs.net.au



We, West Wimmera Health Service, acknowledge the traditional owners of the land, the Wotjobaluk, Jaadwa, Jadwadjali, Wergaia and Jupagalk people.

We pay our respects to the Elders past and present. We thank the traditional owners for custodianship of the land, and celebrate the continuing culture of the Wotjobaluk, Jaadwa, Jadwadjali, Wergaia and Jupagalk people.



West Wimmera Health Service is committed to providing a safe and welcoming environment for all people to participate, including those with diverse sexualities and genders.



West Wimmera Health Service provides translation services through the Victorian Translation Service (VITS) Language Loop.

OUR VALUES



Total Care: delivering care that is safe, effective and person-centred, always



Safety: providing a safe workplace and services free from avoidable harm



Unity: working well together in a great place to work



Accountability: doing the right thing by our stakeholders and ourselves



Innovation: using our imagination - if there's a better way we will find it

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THE RESPONSIBLE MINISTERS FOR THE REPORTING PERIOD WERE:

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

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

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

OTHER MINISTERS:

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

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

MANNER OF ESTABLISHMENT

West Wimmera Health Service is a public health service established under the *Health Services Act 1988* (Vic).



OUR PURPOSE

Great Care - Every Person - Every Time

A MESSAGE FROM OUR BOARD CHAIR AND CHIEF EXECUTIVE OFFICER

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for West Wimmera Health Service for the year ending 30 June 2026.

The 2025–26 year has been one of significant achievement, growth and resilience for West Wimmera Health Service. As we reflect on the year, we are proud of the way our organisation has continued to evolve, strengthen services and respond to challenges while remaining focused on our purpose of providing great care to every person, every time.

KEY ACHIEVEMENTS

Preparedness, Partnership and Courage

A defining moment of the year occurred on 9 January 2026, when a fast-moving grassfire threatened Natimuk under catastrophic fire danger conditions. With 36 aged care residents unable to be safely evacuated, our staff faced an extraordinary situation requiring courage, professionalism and calm leadership. Supported by extensive emergency planning, strong partnerships with emergency services and well-rehearsed procedures, staff safely sheltered residents in place while continuing to deliver essential care under extremely challenging circumstances. The fact that every resident remained safe, with no injuries sustained, is a remarkable achievement and a testament to the dedication of our staff and the strength of our emergency preparedness. We extend our sincere gratitude to the emergency services personnel and Natimuk team members whose actions on the day were nothing short of heroic.

Committed to Quality

This commitment to excellence was further recognised in May 2026 when we achieved provisional full compliance in our external NDIS mid-cycle audit, with no minor or major non-compliances identified. The audit also recognised Best Practice in Governance and Operational Management and Emergency Management. The auditor noted it is rare for an audit of this type to identify no areas of non-compliance, highlighting the strength of our governance, service delivery and culture of continuous improvement.

Transforming Spaces, Enhancing Care

One of the most exciting achievements this year was the completion of several significant capital projects that will benefit our communities for many years to come. The official opening of the new seven-bed extension at Rupanyup Nursing Home was a major milestone, delivering contemporary, resident-centred accommodation designed around comfort, dignity and connection. We also celebrated the completion of the $6.1 million Nhill Kitchen and Stores Redevelopment, providing modern infrastructure that enhances safety, efficiency and service delivery.

At Natimuk Aged Care Home, the Lockwood Kitchenette Upgrade transformed communal living spaces into a more welcoming and homelike environment that promotes independence and social interaction. In Rainbow, the opening of the Leonie Clarke Garden has created a beautiful and accessible outdoor space where residents, patients, families and staff can enjoy nature, connection and reflection.

These projects reflect our commitment to ensuring rural communities have access to modern, safe and fit-for-purpose facilities.

We sincerely thank the Victorian Government, Regional Health Infrastructure Fund, funding bodies, community groups, donors and supporters whose investment has helped make these improvements possible.

Strengthening Care Close to Home

We continued to strengthen community-based healthcare through an integrated model of care that supports people at every stage of life. Following the withdrawal of local councils from delivering several key services, WWHS successfully expanded its role to ensure essential care remained available locally. This included taking over Maternal and Child Health services in Yarriambiack Shire and expanding Commonwealth Home Support Program services into West Wimmera Shire, alongside existing services across Hindmarsh and Yarriambiack.

These changes have enabled us to bring more services together under one coordinated system, creating stronger connections between nursing, allied health, care coordination and support services. Importantly, this model helps people access care sooner, better manage their health and remain living independently at home for longer.

Supporting New Beginnings

Another important achievement has been the redesign of our refugee health pathway, creating a more coordinated, culturally responsive model of care for newly arriving Karen refugee families settling in Nhill. Through strengthened partnerships, specialised staff training and improved care coordination, refugees are experiencing earlier access to healthcare and greater support as they establish themselves within our community.

Enriching Quality of Life

In aged care, we continue to focus not only on high-quality clinical care, but also on enhancing quality of life. Residents have enthusiastically embraced new technologies including Motiview cycling experiences and virtual reality headsets, creating opportunities for exercise, reminiscence, learning and social connection. These innovations support our commitment to the strengthened Aged Care Quality Standards and to enriching the everyday lives of those in our care.

LOOKING AHEAD

None of these achievements would be possible without the extraordinary dedication of our staff, volunteers, medical practitioners, Board Directors, community advisory members and partners. Their shared commitment to improving the health and wellbeing of our communities is the foundation of our success and provides a strong foundation for the future.

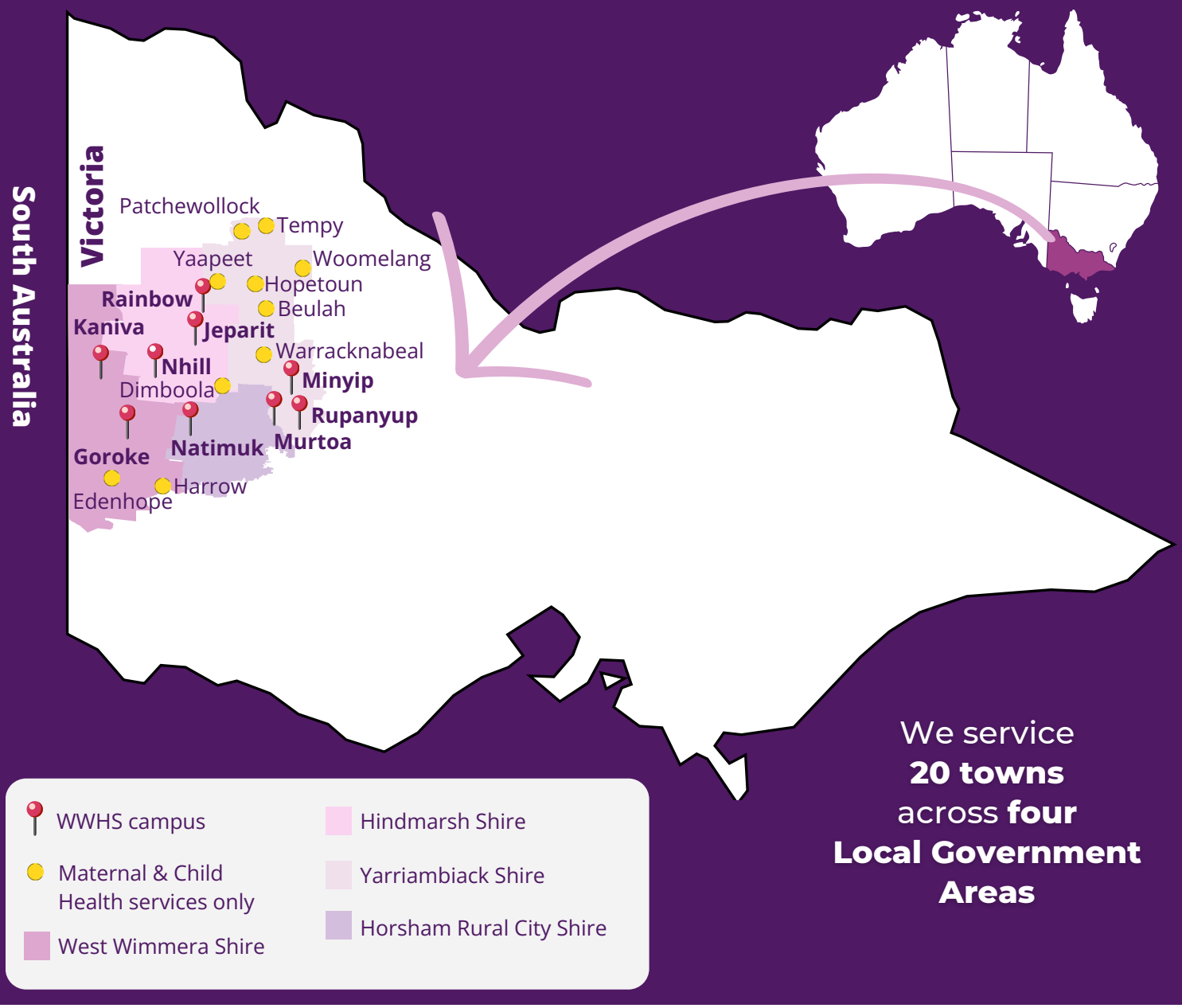
As community needs continue to evolve, WWHS remains focused on strengthening local healthcare, expanding access to services, embracing innovation and ensuring people across our region can continue to receive high-quality care close to home. Together with our staff, volunteers, partners and communities, we look forward to building on the achievements of the past year as we continue our mission of providing great care, every person, every time.



Gary Simpson
Board Chairperson
Nhill
11 September 2026



Darren Welsh
Acting Chief Executive Officer
Nhill
11 September 2026



WHERE WE OPERATE

West Wimmera Health Service provides health and community care services to people within the following four local government areas:

- Hindmarsh
- Horsham Rural City
- West Wimmera
- Yarriambiack

THE PEOPLE WE CARE FOR...

The population in our catchment area has a significantly high proportion of people aged 40 years and over, with approximately 28% of our population being over the age of 65.

KAREN REFUGEE COMMUNITY

Nhill is home to one of Australia's most successful regional refugee settlement stories, with the Karen community from Myanmar estimated to represent around 10% of the town's population.

GOVERNANCE

ADMINISTRATIVE STRUCTURE

BOARD OF DIRECTORS

Gary Simpson (Board Chair)
Felicity Walsh (Board Vice Chair)
Ryan Arthur
Kendra Clegg
Marcell Judkins
Joanne Martin
Margaret Sleeman
Sharon Tooley
Amanda Wilson

BOARD DIRECTOR PRESENCE ON COMMITTEES

FINANCE AND AUDIT COMMITTEE

Kendra Clegg (Committee Chair)
Gary Simpson
Joanne Martin
Felicity Walsh
Marcell Judkins
Ryan Arthur

QUALITY AND SAFETY GOVERNANCE COMMITTEE

Sharon Tooley (Committee Chair)
Margaret Sleeman
Amanda Wilson
Kendra Clegg

KANIVA COMMUNITY ADVISORY COMMITTEE

Margaret Sleeman (Committee Chair)

MINYIP, MURTOA, RUPANYUP COMMUNITY ADVISORY COMMITTEE

Kendra Clegg (Committee Chair)

ORGANISATIONAL STRUCTURE



EXECUTIVE TEAM

CHIEF EXECUTIVE OFFICER

Ritchie Dodds

BCom, CA, GDipAppFin, MBA, GAICD

Responsible for the overall management of the operations of the health service and is directly accountable to the Board of Directors.

FINANCE AND ADMINISTRATION

Janette Lakin

BCom, DipVET, CPA, AFA, GAICD

Responsible for Finance, Payroll, Data Insights & Analytics, Financial Asset Management, Supply Chain Management, Corporate Governance and Administration functions across all areas of the Service.

BUSINESS AND STRATEGY

Melanie Albrecht

LLB, BIS, MHA, MBA, GAICD

Responsible for management of Major Projects, Legislative Compliance, Business Intelligence and Decision Support, Stakeholder Partnerships, Public Relations, Customer Experience and Engagement, Data Integrity Management, System Design, Social Support Groups, Commonwealth Home Support Program (CHSP) and Support at Home Packages, NDIS and TAC programs.

QUALITY AND SAFETY

Darren Welsh

RN, BN, GDip (Admin. Mgt), GCertOHS, GDipOHS

Responsible for Hospitality and Environmental Services, Education, Quality Systems, Accreditation, Occupational Health and Safety, Risk Management, Engineering, Fleet Management, People and Culture, Education, Information Technology and Security across the organisation.

CLINICAL SERVICES

Cheree Schneider

RN, RM, Cert Critical Care, BCom, MBA

Responsible for Clinical Services including Acute Care, Residential Aged Care Services, Surgical Services, Pharmacy, Radiology, Infection Prevention & Control, Health Information Services, Clinical Governance and Aged Care Assessment Services. Responsible for Allied and Community Health, Dental, District Nursing, Community Health Centres, Refugee Health, Maternal and Child Health and Health Promotion activities.

MEDICAL SERVICES

Dr Rick Lowen

MBBS, FRACGP, DObRCOG, AFCHSM, CHM

Oversees medical services undertaken at WWHS, including the credentialing of senior doctors & dentists. Provides senior medical input & advice to WWHS staff & VMOs, WWHS clinical committees, and the Board of Directors. Actively participates in Health Service Quality activities to ensure WWHS provides high standards of safe care to its clients & patients.

OUR SERVICES

AGED CARE

- Commonwealth Home Support Programme
- Support at Home Packages
- Residential Aged Care
- Transition Care Program (TCP)

CLINICAL

- Acute Hospital Care
- Audiology
- Geriatrician
- Immunisations
- Infection Prevention & Control
- Medical Imaging (CT, X-Ray, Ultrasound)
- Optometry
- Palliative Care Support
- Pathology
- Surgery - General, Ophthalmology, Oral and Orthopaedic
- Urgent Care

DENTAL

- General Dentistry and Oral Surgery
- Oral Health Education and Promotion

COMMUNITY PROGRAMS

- Hospital in the Home (HITH)
- National Disability Insurance Scheme (NDIS)
- Post-Acute Care (PAC)
- Transport Accident Commission (TAC)

COMMUNITY HEALTH

- Aquatic Therapy
- Cancer Support
- Cardiac Rehabilitation
- Centrelink Station (Services Australia Agent)
- Community Nursing
- Continence Support
- Diabetes Education
- Dietetics
- Exercise Physiology
- Falls and Balance Groups
- Gentle Exercise Groups
- Health Promotion
- Healthy Lifestyle Groups
- Multicultural Support
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Support Groups
- Social Work
- Specialist Telehealth Clinics
- Specialist Wound Care Nurse
- Speech Pathology

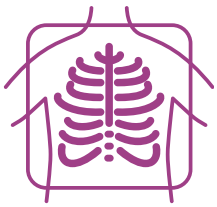
MATERNAL & CHILD HEALTH

- Antenatal Care
- Domiciliary Care
- Caladenia Day Stay Program
- Immunisations
- Key Ages & Stages Visits
- Perinatal Emotional Health

THE YEAR AT A GLANCE...



1,690
Urgent Care Presentations



5,291
Diagnostic Images



489
Operations Performed



42,298
Residential Aged Care Bed Days



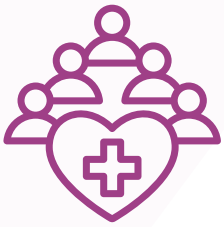
161,384
Meals Prepared



638
Staff Employed



13,323
Community Nursing Appointments



23,747
Allied Health Appointments



1,592
Acute Separations



1,688
Maternal & Child Health Appointments



1,489,339
Kilometres Driven

OUR VISION & MISSION

OUR PURPOSE:

GREAT CARE, EVERY PERSON, EVERY TIME

STRATEGIC PLAN GOALS:



OUR PEOPLE

INCLUSIVE, RESPECTFUL, PRODUCTIVE

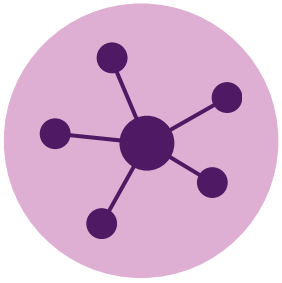
To be a great place to work where everyone contributes and everyone belongs.



OUR CARE

SAFE, EFFECTIVE, INNOVATIVE

To fully embrace new technologies and processes that enable world class rural healthcare.



OUR COMMUNITY

CONNECTED, INFORMED, HEALTHY

To be fully engaged with the communities we serve, supporting people to live longer, healthier and happier lives.



OUR FUTURE

ENVIRONMENTALLY RESPONSIBLE, ECONOMICALLY SECURE

To maintain financial sustainability and develop an Environment, Social and Governance (ESG) strategy to align the service's operations with established ESG principles.



OUR PEOPLE

TO BE A GREAT PLACE TO WORK WHERE EVERYONE CONTRIBUTES AND EVERYONE BELONGS

Our people are the heart of our success—building a safe, inclusive and high-performing workplace where everyone can thrive.

Through investment in workforce planning, professional development, recruitment, staff wellbeing, educational pathways and family support services, West Wimmera Health Service continues to build a skilled, engaged and sustainable workforce capable of delivering great care to every person, every time.

GROW OUR OWN WORKFORCE

Developing and retaining a skilled local workforce remained a key priority throughout the year. Staff participated in a range of professional development opportunities, including Advanced Life Support (ALS) training, simulation-based learning and regional development programs that strengthened clinical skills, confidence and capability across the organisation. Allied Health Assistants also engaged in regional networking and professional development initiatives, enhancing workforce capability and collaboration across the Grampians region.

Investment in future workforce pathways continued, with eight Diploma of Nursing trainees successfully completing their qualification in December 2025. Of these graduates, seven remain employed within the organisation, demonstrating a strong retention rate. Two graduates have transitioned into our Graduate Nurse Program, while one has progressed to undertake a Bachelor of Nursing degree.

We currently have 21 Diploma of Nursing trainees undertaking training across our sites, with 10 expected to complete their qualification by the end of 2026.

In addition, six trainees are undertaking the Certificate III in Individual Support, along with one School Based Trainee enrolled in the same qualification. Of these six we have successfully transitioned three School Based Trainees into part-time trainee positions, supporting continued workforce participation and career development. A total of four Individual Support trainees are expected to complete their qualification by the end of 2026.

Our apprenticeship program currently includes:

- 1 School Based Apprentice undertaking a Certificate III in Painting and Decorating
- 1 Apprentice undertaking a Certificate III in Electrotechnology
- 2 Apprentices undertaking a Certificate IV in Kitchen Management
- 1 Apprentice undertaking a Certificate III in Commercial Cookery

We also continue to invest in the professional development of our existing workforce. Currently:

- 4 staff members are undertaking a Certificate IV in Leisure and Health
- 5 staff members are undertaking a Certificate IV in Leadership and Management
- 1 staff member is undertaking a Certificate IV in Sterilisation Services

These training and development initiatives demonstrate our ongoing commitment to building a skilled workforce, supporting career pathways, and strengthening workforce sustainability across the organisation.

West Wimmera Health Service continued to invest in workforce capability through its Employee Bursary Program, supporting staff to undertake postgraduate studies aligned with organisational priorities and future workforce needs. During 2025-26, three employees received bursary support to continue their studies in Human Resource Management, Business Administration and Child and Adolescent Mental Health. These qualifications contribute to building leadership capability, strengthening organisational performance and enhancing specialised expertise within the service.

Recruitment initiatives included live broadcasts with MIXX FM and community engagement activities at events such as the Wimmera Field Days and multiple career expos, helping promote career opportunities and raise the profile of the health service. We also strengthened connections with future local talent through Campus Industry Tours, welcoming students to explore the diverse range of careers available in healthcare and inspiring interest in future employment and work experience opportunities.

BUILDING A POSITIVE WORKPLACE CULTURE

Supporting staff wellbeing remained a priority throughout the year. A confidential reporting portal was introduced, enabling staff to anonymously report psychosocial hazards and workplace concerns while promoting psychological safety, trust and transparency across the organisation. The initiative supports proactive identification and management of workplace risks and reinforces our commitment to a safe, respectful and supportive workplace culture.

Additional initiatives such as R U OK? Day, employee engagement surveys and the Peer Recognition Program continued to strengthen staff connection, wellbeing and workplace culture. Employee feedback indicates a highly engaged workforce, with 89% of staff rating WWHS as a good or great place to work. Ongoing survey results have demonstrated improvements in job satisfaction, staff engagement and perceptions of being heard, reflecting the positive impact of targeted workforce and wellbeing initiatives.



FLEXIBLE, INCLUSIVE AND SUSTAINABLE WORKPLACES

The Board endorsed West Wimmera Health Service's Workforce Plan during the year, providing a clear framework to support workforce attraction, development and retention into the future. Through implementation of the Plan and an ongoing commitment to gender equality and inclusive workplace practices, WWHS continued to strengthen organisational capability. Flexible working arrangements, including alternative shift arrangements, working from home and cross-site working opportunities where appropriate, supported employee wellbeing and work-life balance while enhancing workforce retention and sustainability.

Workforce capability was further strengthened through targeted education initiatives, including mandatory Aboriginal Cultural Safety Training, ensuring staff continue to provide culturally safe and responsive care for all members of our community.

SUPPORTING STAFF AND FAMILIES THROUGH OSHC

West Wimmera Health Service also continued to support local families through its Outside School Hours Care (OSHC) program. Despite ongoing workforce challenges, the service remained operational through continued funding support and delivered vacation care programs during school holiday periods, helping families remain connected to employment while providing a safe and engaging environment for children.

The OSHC program has become an important workforce support initiative, assisting staff to balance work and family responsibilities. Strong utilisation by WWHS staff families highlights the significant role the service plays in supporting workforce participation, recruitment and retention. By providing reliable childcare options for local families, the program contributes not only to staff wellbeing but also to the organisation's ability to maintain essential services for the community.

THANK YOU

The dedication, professionalism and adaptability of our people continue to be the foundation of West Wimmera Health Service. In a challenging healthcare environment, our employees, visiting medical practitioners, volunteers and partners have remained committed to delivering safe, high-quality care and support to our communities.

We sincerely thank the individuals, local businesses, community groups and philanthropic organisations whose generosity has supported our work throughout 2025-26. Their contributions help us enhance services, equipment and facilities, creating lasting benefits for the people who rely on our care.

We also extend our appreciation to our staff, visiting general practitioners, surgeons, specialists, volunteers, donors, fundraising auxiliaries, Community Advisory Committee members, partner organisations and Board Directors. Your commitment, collaboration and support continue to strengthen our service and help us achieve our vision of providing great care to every person, every time.

WORKFORCE INFORMATION

LABOUR CATEGORY	JUNE FTE		AVERAGE MONTHLY FTE	
	2025	2026	2025	2026
Nursing	166	174	160	167
Administration and Clerical	77	76	78	81
Medical Support	2	1	2	2
Hotel and Allied Services	148	154	143	150
Medical Officers	0	0	0	0
Ancillary Staff (Allied Health)	23	26	22	24
Totals	**416**	**431**	**405**	**424**

TABLE 1: WORKFORCE DATA (NOTE: FTE = FULL TIME EQUIVALENT)

The above FTE figures exclude overtime nor do they include contracted staff (e.g. agency nurses, fee-for-service visiting Medical Officers) as they are not regarded as employees for this purpose. There were 638 individual staff employed and 431 FTE as at 30 June 2026.

OCCUPATIONAL HEALTH AND SAFETY

Monitoring of the Occupational Health and Safety of staff within the Service occurs through incident analysis and investigation. In addition, the rate of incidents is examined by Health and Safety Representatives and Management and reported through the Occupational Health and Safety Committee.

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2023-24	2024-25	2025-26
The number of reported hazards/incidents for the year per 100 FTE	44.86	51.92	47.80
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	2.21	1.91	0.70
The average cost per WorkCover claim for the year ('000)	$98	$53	$23

TABLE 2: OCCUPATIONAL HEALTH AND SAFETY DATA

In 2025-26, there was a slight decrease in the rate of OHS incidents reported per 100 FTE realised, with 47.80 in the current reporting period. A lower lost time rate and reduced cost per WorkCover claim for the year have been reported which can be attributable to changing claim complexity.

OCCUPATIONAL VIOLENCE

Occupational Violence in the workforce is defined as any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of, their employment.

Occupational Violence and Aggression (OVA) incidents averaged 6 per month in 2025-26 compared to 7 per month in the prior year. OVA incidents related largely to Residents with cognitive and behavioural decline in Aged Care Facilities. A small number of incidents also related to verbal aggression by community members.

West Wimmera Health Service had zero WorkCover claims where the injury was caused by occupational violence which is a positive result.

The following table provides an overview of the Service's Occupational Violence outcomes for the 2025-26 financial year.

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	77
Number of occupational violence incidents reported per 100 FTE	17.87
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	12%

TABLE 3: OCCUPATIONAL VIOLENCE STATISTICS

DEFINITIONS OF OCCUPATIONAL VIOLENCE

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

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

Accepted WorkCover claims – claims accepted and lodged in 2025-26.

Lost time - defined as greater than one day.

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

WORKFORCE INCLUSION POLICY

		2023-24	2024-25	2025-26
Gender composition of all levels of the workforce	Female	83.00%	83.00%	83.00%
	Male	17.00%	17.00%	17.00%
	Self-described	0.00%	0.00%	0.00%
Gender composition of governing body	Female	7	7	7
	Male	3	3	3
	Self-described	0	0	0
Aboriginal and Torres Strait Islander Status	Non ATSI	343	388	399
	ATSI	3	5	4
	No response	3	2	7
	No survey	219	218	239
Disability employment		4	4	2

TABLE 4: WORKFORCE INCLUSION DATA

Workforce demographic data from 2023 to 2026 shows minimal year-on-year variation, reflecting a stable organisational profile.

Female representation remains dominant across all workforce levels (83%), consistent with sector norms, while governing body composition has held steady at 70% female.

ATSI identification remains low (4 staff), with high, 'no survey' counts suggesting ongoing data collection gaps. Work continues to improve response rate in future years.



OUR CARE

TO FULLY EMBRACE NEW TECHNOLOGIES AND PROCESSES THAT ENABLE WORLD CLASS RURAL HEALTHCARE

Through innovation, digital technology and integrated care, we are creating a seamless healthcare journey that keeps people healthy, independent and connected close to home.

WWHS continues to strengthen community-based healthcare through an integrated model that supports people at every stage of life. From maternal and child health to aged care, coordinated teams deliver seamless, person-centred care that improves outcomes and helps people remain healthy, independent and connected close to home.

COMMUNITY CARE EXPANSION

West Wimmera Health Service achieved significant growth in community-based care during 2025–26, ensuring essential services remained local, accessible and responsive.

Following the withdrawal of local councils from delivering Maternal and Child Health (MCH) and Commonwealth Home Support Program (CHSP) services, WWHS successfully transitioned these programs into an integrated healthcare model, protecting vital local services and avoiding reliance on providers located hundreds of kilometres away.

The expansion has doubled CHSP participation to approximately 600 clients, alongside more than 88 people supported through the new Support at Home Packages.

By transitioning these services to a healthcare provider, WWHS has strengthened access to multidisciplinary clinical expertise, including nursing, allied health and care coordination. This integrated approach supports earlier intervention, better management of health conditions and helps people remain independent at home for longer.

The integration of Maternal and Child Health services has strengthened early intervention and created a seamless model of care from pregnancy through early childhood. Working alongside initiatives such as the Positive Parenting Centre, we continue to see increased uptake of services, following promotion of its drop-in availability when the flag is displayed, signalling that the Centre is open. A wide range of group sessions have been delivered, including Mum and Bubs First Aid, Orange Door initiatives, and various education sessions, ensuring young families are well informed and supported.

Reflecting WWHS's commitment to keeping care local and accessible, staff travelled more than 1.44 million kilometres to provide services across the region. Supported by an expanded vehicle fleet and the establishment of a local base for staff in Dimboola through collaboration with Grampians Health, this highly mobile model enables staff to overcome the challenges of distance and deliver timely, responsive care directly to clients in their homes across a large rural catchment.

Streamlined intake pathways, with a centralised triage and assessment process, have also supported the significant growth in services, enabling earlier identification of need, faster access to services and improved care coordination.

By bringing services together under one coordinated system, WWHS continues to improve health outcomes, reduce barriers to care and support people to live well at home for longer.

RESIDENTS EXPLORE NEW EXPERIENCES THROUGH VIRTUAL REALITY

Residents have been enthusiastically embracing our new Motiview equipment, with many enjoying the opportunity to stay active while revisiting familiar places and scenic routes from around the world. Motiview combines gentle cycling with immersive video experiences, encouraging physical activity, social connection, and meaningful reminiscence.

Residents are enjoying new experiences through virtual reality (VR) headsets, allowing them to explore places and activities from the comfort of home. From visiting famous landmarks and breathtaking landscapes to revisiting places that hold special memories, VR provides engaging opportunities for reminiscence, learning and connection.

For some residents, this has included virtually exploring historic churches, scenic countryside and destinations they have always wanted to visit, such as the beautiful churches and landscapes of Scotland. The technology encourages conversation, stimulates memories and creates enjoyable shared experiences, enhancing residents' wellbeing and quality of life.

The equipment supports our commitment to the strengthened Aged Care Quality Standards, which place a greater focus on the older person's experience and quality of life in residential aged care. Residents are already experiencing the benefits, with regular sessions providing an enjoyable way to keep moving and engaged.

We thank the Department of Health for the funding that made the purchase of our new technologies possible.



INTERGENERATIONAL FRIENDSHIPS

Our Intergenerational Program continues to enhance wellbeing and social connection for residents in our aged care homes.

Alongside visits from school-aged children, residents now enjoy monthly playdates with younger children and their families. These interactions bring joy, stimulate conversation and create meaningful connections across generations.

The program helps reduce social isolation, encourages engagement, and provides residents with a sense of purpose while strengthening links with the wider community.

SUPPORTING ACTIVE AGEING THROUGH CONNECTION, WELLBEING AND COMMUNITY PARTICIPATION

Supporting the wellbeing, independence and social connection of older people remained a key focus throughout the year. Across our residential aged care homes and Community Care Social Support Groups, participants enjoyed a diverse range of leisure, lifestyle and wellness activities designed to promote physical, social and emotional wellbeing.

Residents and clients took part in a wide range of outings and community experiences, including visits to the Harness Racing Museum, Hamilton Ansett Museum, Dimboola Imaginarium, Naracoorte Caves, Ararat RSL, Serviceton Railway Station, Pella Church, Horsham's 3WM radio station and the J.R. Rethus Memorial Shed. Wellness and exercise days, games, community events and social gatherings also provided valuable opportunities for connection and engagement.

Educational presentations, musical performances and interactive animal experiences enhanced the lifestyle program throughout the year. Participants enjoyed opportunities to pat, hold and learn about a variety of animals, ranging from dogs and chickens to owls, possums, crocodiles and snakes, providing memorable experiences that encouraged engagement, learning and social connection. Popular activities also included visits from miniature goats, gardening and mental health presentations, and performances from local entertainers.

Seasonal celebrations and themed events, including St Patrick's Day, Melbourne Cup, Halloween, Christmas festivities and community Christmas carols, brought residents, clients, families and staff together throughout the year. Collaboration with our Community Disability Program also created opportunities for participants to connect across programs and build meaningful community relationships.

Through a vibrant calendar of activities, outings and social support programs, West Wimmera Health Service continued to create opportunities for older people to remain active, connected and engaged, enhancing quality of life and supporting healthy ageing across our communities.

EXPANDING ACCESS THROUGH TELEHEALTH

West Wimmera Health Service continued to enhance access to healthcare through expanded telehealth and virtual care options, helping patients connect with specialist services closer to home. Multiple virtual care pathways were promoted and utilised throughout the year, including the Victorian Virtual Emergency Department (VVED), 24/7 Urgent Diabetes Care, My Emergency Doctor, Victorian Virtual Specialist Consults and the Virtual Women's Health Clinic.

Telehealth also supported collaboration between local clinicians and specialist services, with Speech Pathology teams facilitating virtual paediatric consultations and family appointments with paediatric specialists. Improvements to the WWHS website provided simple, one-click access to telehealth bookings for both consumers and staff, reducing travel

requirements, improving convenience and enabling more timely access to specialist care. WWHS also continued to explore innovative models of care, including virtual ward opportunities, to further strengthen access to quality healthcare services across our rural communities.

CELEBRATING 96 YEARS OF SERVICE AND SUPPORT

West Wimmera Health Service gratefully acknowledges the extraordinary contribution of the Nhill Hospital Auxiliary, which concluded an impressive 96 years of continuous service to the hospital and local community during 2025-26. Since its establishment in 1929, the Auxiliary has played a vital role in supporting patient care through fundraising, volunteerism and community connection, contributing countless hours and resources to enhance healthcare services and facilities.

The Auxiliary's final donation will fund the purchase of a patient sling for Iona Nursing Home, ensuring their legacy continues to directly support the wellbeing of residents. Over many decades, the group helped fund essential equipment, furnishings and facility improvements across a range of services, while fostering a strong spirit of generosity and community support.

West Wimmera Health Service sincerely thanks all past and present Auxiliary members for their dedication, commitment and lasting contribution to local healthcare. Their remarkable legacy will continue to benefit our communities for generations to come.

WILLIAM ANGLISS CHARITABLE FUND

West Wimmera Health Service gratefully acknowledges the generous $8,000 donation from the William Angliss Charitable Fund, which enabled the purchase of a HoverJack patient lifting device and HoverMatt transfer system for Kaniva. This specialised equipment enhances patient safety and comfort by assisting staff to safely lift patients following a fall and transfer patients with reduced mobility, while reducing the risk of injury to both patients and caregivers.

The donation has strengthened our ability to deliver safe, high-quality care and highlights the positive impact of philanthropic support in our rural communities. We extend our sincere thanks to the William Angliss Charitable Fund for its longstanding support of West Wimmera Health Service over many years. Their ongoing generosity has helped fund equipment and service improvements that continue to benefit our patients, residents, staff and community.



VEIN FINDING TECHNOLOGY FOR KANIVA

Thanks to a $3,000 donation from the Kaniva Ladies Auxiliary, WWHS was able to purchase a VeinSight Vein Illuminator, helping staff more easily locate veins for blood collection and cannulation procedures. This portable technology improves first-attempt success rates, reducing discomfort, anxiety and procedure times for patients, particularly older adults, children and those with complex health needs. By providing this technology closer to home, WWHS is improving access to quality care for rural patients and will continue seeking funding to expand its availability across all sites.

ENHANCING REHABILITATION SERVICES

Through a generous donation from the CWA Nhill Branch, the Rehabilitation Team purchased Blaze Pods and a hydrotherapy plinth.

Blaze Pods are an interactive and flexible piece of rehab equipment that can be used by people of all ages – from kids right through to older adults to support a wide range of therapy goals. As each pod lights up, the person taps or steps on it, then moves to the next one as it changes. The hydrotherapy plinth expands treatment options available in the WWHS hydrotherapy pool. It allows therapists to offer a wider range of exercises and positions in the water, making sessions more personalised and helping clients build strength and confidence as they recover in a safe, supportive setting. This investment supports West Wimmera Health Service's commitment to providing great care by ensuring patients have access to modern rehabilitation equipment and high-quality services close to home.





OUR COMMUNITY

TO BE FULLY ENGAGED WITH THE COMMUNITIES WE SERVE

Strong community connections are at the heart of everything we do. Through ongoing engagement and collaboration, we gain valuable insights into the needs of our communities, helping us deliver services that are responsive, accessible and focused on providing great care for every person.

West Wimmera Health Service is committed to fostering a health service where every person feels welcome, respected and valued. Through the ongoing implementation of our Diversity and Inclusion Plan, we continue to embrace the varied cultures, identities, backgrounds and abilities of the people we serve and employ. We recognised important initiatives including Harmony Day, NAIDOC Week, the International Day Against Homophobia, Biphobia, Interphobia and Transphobia, and the International Day of People with Disability, reinforcing our commitment to creating a safe, inclusive and culturally responsive environment for all.

Strong community partnerships remain central to the way we design and deliver services. Community Advisory Committees, consumer representatives, community forums and co-design approaches continue to ensure local voices directly influence decision-making and service improvements. These partnerships have delivered tangible outcomes, including improved access to My Aged Care information, enhanced clinical equipment and the development of aged care garden spaces, while increasing awareness of supports available for people living with disability. By working closely with our communities, WWHS continues to deliver services that are accessible, relevant and responsive to the unique needs of rural and regional residents.

REFUGEE HEALTH PATHWAY REDESIGN

WWHS successfully redesigned its refugee health pathway to provide a more streamlined, culturally responsive and locally coordinated model of care for newly arriving Karen refugees. The new approach enables refugees to settle directly in Nhill from refugee camps, rather than transitioning through Werribee, reducing complexity and supporting earlier connection to local health services and the community.

A key achievement has been the development of a coordinated intake process between Ballarat Community Health, WWHS community nurses and local GPs. Prior to arrival, community nurses receive relevant health information and alerts regarding chronic conditions or urgent health needs, enabling timely assessment and intervention. Following arrival, every family member receives a comprehensive health assessment conducted by specially trained community nurses, with support from Language LOOP interpreters and oversight from local general practitioners.

To support this enhanced model, WWHS community nurses completed specialised Foundation House training, ensuring care is trauma-informed, culturally appropriate and responsive to the unique needs of refugee families. Community nurses also coordinate specialist referrals, medical appointments and ongoing follow-up, helping refugees navigate the health system and access the care they need.

The redesigned pathway extends beyond clinical care, with refugee families introduced to local health services through guided hospital tours, often supported by Karen community elders, helping reduce barriers to

accessing care and building confidence in local services. In the past 12 months, approximately 30–40 newly arrived refugees have been supported through this initiative.

Further strengthening choice and accessibility, WWHS has partnered with Comfort Care, a specialised community care provider with Karen-speaking staff, to support clients with limited English accessing community aged care services. Together, these initiatives ensure refugee health pathways are safe, culturally appropriate and accessible to all, while delivering better health outcomes and a smoother settlement experience for new arrivals.

RAINBOW TICK ACCREDITATION

WWHS has made significant progress towards Rainbow Tick accreditation, reinforcing our commitment to creating a safe, welcoming and inclusive environment for LGBTIQ+ people, their families and carers. A key achievement during the year was acceptance into the Rainbow Tick Implementation Program, providing dedicated funding, resources and expert support to strengthen inclusive practices across the organisation.

This progress was further advanced through our partnership with Rainbow Health Australia, with the WWHS Rainbow Tick Change Team successfully completing the How2 Program training. This milestone has equipped staff with the practical tools, knowledge and guidance needed to drive meaningful organisational change and support genuine inclusion.

Building on this foundation, WWHS has commenced a comprehensive review of policies, procedures, forms, systems and training resources to ensure inclusive practices are embedded across all aspects of service delivery. This work extends beyond meeting accreditation requirements and reflects our commitment to fostering a culture where diversity is respected, celebrated and reflected in everyday practice.

Through a structured and organisation-wide approach, WWHS is taking meaningful steps towards full Rainbow Tick accreditation while strengthening equitable access to care and creating a more inclusive health service for LGBTIQ+ communities.

HEALTH PROMOTION

West Wimmera Health Service's Health Promotion team continues to work towards improving health and wellbeing across four regional priority areas: healthy eating, physical activity, reducing tobacco harm and increasing wellbeing. Guided by the social determinants of health, the team also recognises the important role factors such as education, employment, housing, income and transport play in shaping health outcomes.
Over the past 12 months, the team has delivered a range of collaborative, community-led initiatives designed to meet the unique needs of local communities.

Grant recipients awarded at the end of the 2024-25 financial year made significant progress during the last 12 months with their respective projects. The Nhill Astronomical Society of Victoria, Salt Lakes Tennis, Natimuk Gymnastics Club, Murtoa Show, Nurcoung Hall Board Games Committee, Kaniva College and the Triangle Hoops have all achieved positive outcomes through their projects. These organisations have successfully connected with their relevant community groups and delivered a range of health and wellbeing activities that have benefited their local communities.

Natimuk Gymnastics Club

The Natimuk Gymnastics Club provided fresh, home-cooked meals for athletes, reducing the reliance on parents purchasing takeaway meals for their children on the way home from training and competitions. The initiative was highly successful and engaged both students and parents in healthy eating activities at the clubrooms.

Unfortunately, due to the fires earlier this year, the program has had to cease temporarily. The club has advised that the initiative will recommence as soon as the facilities are safe and usable again.

Murtoa Show

The Murtoa Show introduced a smoothie bike offering and offering fresh fruit at the entrance to the event. This was particularly popular on a warm summer day and encouraged community members of all ages to choose healthier drink options and make smoothies from fresh ingredients, rather than purchasing sugary drinks with limited nutritional value.

Due to the success of the 2025 event, the initiative will be replicated at the next Murtoa Show.

Salt Lakes Tennis

Salt Lakes Tennis provided local residents from the Dunmunkle area with opportunities to participate in tennis during the spring and summer months, including teaching children to play tennis. The initiative connected children in the local area with physical activity in a fun and engaging way, while also supporting broader conversations around healthy lifestyles.

Kaniva College

Kaniva College implemented a healthy eating and physical activity initiative, including the purchase of kitchen equipment and gardening tools to support a paddock-to-plate program. This enabled students to develop an understanding of healthy eating, food preparation and the process of growing fruit and vegetables.

The gardening equipment also encouraged students to participate in agricultural and farming-related activities and courses at the school. The initiative was highly successful and has helped encourage students to consider future careers in agriculture and related industries.

A key focus during the year was the relaunch of community engagement activities through the Fill the Cup initiative. Monthly gatherings in Minyip, Murtoa and Rupanyup provide welcoming spaces for residents to connect, discuss mental health and wellbeing, and share what matters most in their communities. These conversations are helping build stronger relationships while informing local health promotion priorities.

The popular Grow Local, Eat Local recipe competition and cook-off celebrated its fourth year, continuing to encourage healthy eating, social connection and community participation across the region.

The Service's Industry PhD student also achieved an important milestone, publishing two additional peer-reviewed papers on rural health promotion evaluation, bringing the total number of publications to five.

The expansion of Health Promotion into a more integrated, cross-departmental model has strengthened collaboration across WWHS, enabling staff from multiple disciplines to work together on innovative, community-centred initiatives that deliver broader health and wellbeing outcomes.



Throughout the year, Allied Health and Community Health clinicians supported community wellbeing through a range of education and engagement activities. Dietitians partnered with local kindergartens to deliver interactive healthy eating programs and facilitated nutrition presentations focused on healthy ageing. Community Health clinicians also introduced creative Advance Care Planning "Paint and Sip" events, encouraging meaningful conversations about future healthcare wishes in a relaxed and engaging environment.

The Health Promotion Team, in partnership with La Trobe University, proudly presented two projects at the La Trobe Rural Health Conference in Bendigo.

The first presentation showcased the Oral Health Photography Project delivered at the 2025 Wimmera Field Days. The team highlighted the strong partnerships underpinning the initiative, the positive community response, and its potential for replication across rural Victoria. The success of the project has already led to its adoption at Yea and District Memorial Hospital, demonstrating its ability to be adapted and implemented in other rural communities.

The team also presented a poster on the Top Five Things Survey and Oral Health Survey conducted throughout the year. The presentation outlined how WWHS has used community feedback from these surveys to collaborate with La Trobe University dental students in developing and delivering targeted oral health initiatives that address local needs.

The poster attracted significant interest from conference delegates and was recognised with the Best Poster Award, highlighting the impact of WWHS's collaborative, community-informed approach to health promotion.





OUR FUTURE

TO ACHIEVE AND MAINTAIN LONG-TERM ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY

In a changing funding environment, WWHS remains focused on maintaining a strong and sustainable financial position. By maximising funding opportunities and carefully managing resources, we continue to support high-quality services for our communities while being guided by Environmental, Social and Governance (ESG) principles.

AGED CARE FUNDING

WWHS continues to maintain compliance with the Aged Care Act and remains committed to strengthening residential aged care services across our communities. The 24/7 Registered Nurse (RN) funding supplement continues to provide important support, enabling the Service to maintain safe and high-quality care for residents. During 2025-26, Kaniva Hostel made substantial progress towards full 24/7 RN coverage, achieving almost 50% of the required rostered coverage while operating under an approved exemption. This places the facility on a clear pathway towards achieving full compliance and accessing the ongoing RN supplement, supporting the transition to sustainable 24/7 nursing coverage.

The benefits of consolidating our co-located aged care facilities have continued to be realised throughout the year. These arrangements have streamlined governance and reporting processes, improved workforce flexibility, strengthened resident continuity of care, and supported compliance with evolving aged care reforms. The consolidated service model continues to position WWHS well for the implementation of the new Aged Care Act while enhancing operational sustainability.

Targeted capital upgrades and refurbishment projects have continued across our residential aged care services. During the year, five key sites achieved Significant Refurbishment status, enabling access to higher accommodation supplements for eligible residents and improving the long-term financial sustainability of our aged care operations. These upgrades have enhanced resident amenity, safety, comfort and the overall living environment while ensuring facilities remain contemporary and fit for purpose.

Our partnership with AN-ACC specialists, Health Generation, continues to deliver positive outcomes, strengthening clinical capability, improving documentation practices and supporting optimisation of AN-ACC funding. This work ensures resident care needs are accurately assessed and appropriately funded, supporting continued investment in high-quality care.

We are also proud to maintain strong performance against national quality indicators, with our residential aged care homes continuing to achieve high Star Ratings, with overall ratings ranging from 4 to 5 stars out of 5. These results reflect our ongoing commitment to excellence in care, resident wellbeing, workforce capability and continuous improvement.

ENHANCING SERVICES THROUGH GRANTS AND PARTNERSHIPS

During 2025-26, the organisation successfully secured a diverse range of government grants and philanthropic funding to support service improvement, workforce development and enhanced care delivery across our community. These funding opportunities enabled investment in aged care quality initiatives, clinical equipment, workforce training and transition programs, community health services, and programs that respond to the unique needs of our rural community.

Key funding and support received during the year included:

- Small and Regional Schools OSHC Funding to support the ongoing operation of the Nhill Outside School Hours Care service, helping meet operational costs and ensuring local families and WWHS staff continue to have access to childcare and vacation care programs.
- Quality Improvement Grant to support compliance with the new Aged Care Quality Standards through investment in resident wellbeing, safety, lifestyle and clinical care initiatives, including furnishings, technology, equipment and environmental improvements across residential aged care services.
- Enhanced Measles, Mumps and Rubella (MMR) Vaccination Campaign Funding to expand immunisation services, supporting community clinics, outreach programs, workplace vaccination opportunities and awareness activities to improve protection against measles.
- Enrolled Nurse Transition to Practice Program Funding to strengthen workforce capability by supporting newly qualified Enrolled Nurses as they transition into the workforce through structured education, mentoring and professional support.
- Enrolled Nurse to Registered Nurse Transition Scholarships to support staff career progression and grow the local workforce by assisting Enrolled Nurses to undertake further study and progress to Registered Nurse qualifications.
- Fair Work Commission Boost Funding to assist with increased award wage costs resulting from the Aged Care Work Value Case decision, supporting the sustainability of aged care and community care services.
- Residential Aged Care Equipment Grants Program Funding to purchase clinical assessment and care equipment including vital signs monitoring equipment, blood pressure machines, stethoscopes, pulse oximeters and other diagnostic tools, enhancing resident assessment, clinical care and safety.
- Support at Home (Thin Markets) Funding to strengthen the delivery of home care services across regional and remote communities, supporting the higher costs associated with maintaining workforce, transport, infrastructure and service delivery in rural areas.

The organisation remains proactive in securing funding from government, philanthropic and community sources, maximising investment in our people, services and infrastructure to deliver the best outcomes for our communities.

SUSTAINABILITY IN ACTION

WWHS continued to embed environmentally sustainable practices across its sites through practical initiatives that reduce waste and support the circular economy. During the year, a battery recycling program was expanded across multiple locations in partnership with EcoBatt, with the first collection from the MIRA Multi-D room diverting an impressive 108 kilograms of assorted batteries from landfill. Collection drums are now available at Jeparit, Kaniva, Natimuk, Rainbow and Rupanyup, making it easier for staff and communities to responsibly recycle used batteries.

Secure paper recycling realised the following aggregate environmental benefits from all WWHS sites combined:

- 3.13 tonnes of paper securely recycled
- 40.4 trees saved
- 12.3 cubic meters of landfill space avoided
- 12,773 kWh of electricity conserved
- 7.7 barrels of oil saved
- 99.1 kL of water saved
- 7.6 tonnes of carbon emissions avoided

WWHS also supported the Lions Club's Recycle for Sight program, donating 216 pairs of glasses to be refurbished and redistributed to people in need. These initiatives demonstrate how small actions can make a meaningful contribution to both environmental sustainability and community wellbeing, reflecting our commitment to Environmental, Social and Governance (ESG) principles and a more sustainable future for our communities.

TO MAINTAIN FINANCIAL SUSTAINABILITY AND DEVELOP AN ENVIRONMENT, SOCIAL AND GOVERNANCE (ESG) STRATEGY TO ALIGN THE SERVICE'S OPERATIONS WITH ESTABLISHED ESG PRINCIPLES

WWHS continues to evolve and invest in its people, services and infrastructure to meet the changing needs of our communities and ensure a strong, sustainable future for healthcare across the region.

The 2025-26 year marked a significant milestone for West Wimmera Health Service, with several major capital projects completed and now being enjoyed by patients, residents, families and staff. From the opening of the new Rupanyup Nursing Home wing and Lockwood Kitchenette Upgrade to completion of the Nhill Kitchen and Stores Redevelopment and Electrical Infrastructure Upgrade, these projects have enhanced safety, comfort, wellbeing and the overall experience of care across our communities.

These achievements reflect our ongoing commitment to providing great care through modern, sustainable and fit-for-purpose facilities. We gratefully acknowledge the support of the Victorian Government, Regional Health Infrastructure Fund (RHIF), community groups, donors and local supporters whose investment has helped make these important improvements possible.

RUPANYUP NURSING HOME REDEVELOPMENT

A new chapter in aged care at Rupanyup was celebrated in May 2026 with the completion and official opening of the new seven-bed extension at Rupanyup Nursing Home. Developed as the first stage of the Cromie Street site masterplan, the $5.7 million redevelopment represents a significant investment in providing modern, comfortable and resident-centred aged care for the local community.

Designed in partnership with EBD Architects, the thoughtfully planned extension brings together contemporary design and a homelike feel to support residents to remain connected, comfortable and cared for every day. The new wing includes seven private bedrooms with accessible ensuites, a home-style kitchen and dining space, light-filled living areas, a quiet lounge, outdoor patios and a landscaped sensory garden with an open-air pavilion.

The design incorporates dementia-friendly principles, intuitive wayfinding and abundant natural light, creating welcoming spaces that support independence, wellbeing and meaningful social connection. Residents can participate in everyday activities such as cooking, enjoy shared living spaces and maintain strong connections with the outdoors through landscaped gardens and garden views from their rooms.

Importantly, the redevelopment was shaped through co-design with residents, staff and community members, ensuring the new environment reflects the needs and values of those who call Rupanyup Nursing Home home.

West Wimmera Health Service gratefully acknowledges the Victorian Government, the Dunmunkle Health Service Foundation, former resident Linda Graham and the many

community members whose support helped bring this vision to life. While the completion of the new wing marks a major milestone, it is also the beginning of the broader redevelopment planned for the Rupanyup site.

NHILL KITCHEN AND STORES REDEVELOPMENT

The $6.1 million Nhill Kitchen and Stores Redevelopment was operational in June 2026, delivering a modern commercial kitchen and contemporary storage facilities that enhance safety, efficiency and service delivery.

The project has provided a professionally designed kitchen with improved workflows and upgraded appliances, together with a new centralised stores facility that co-locates general and sterile storage. Additional improvements include enhanced hospital and forklift access, a dedicated stores office, and a separate medical gas store to strengthen compliance and safety.

A new staff dining area has also created an open and welcoming space for staff to connect and take breaks. Staff are enjoying working in the new facilities and are already experiencing the benefits of the improved environment and functionality.

The redevelopment represents a significant investment in the future of West Wimmera Health Service, delivering contemporary infrastructure that supports high-quality services for the community. The Service sincerely thanks the RHIF for its support in delivering this important project and enhancing services for the local community.

ELECTRICAL INFRASTRUCTURE UPGRADE

The Electrical Infrastructure Upgrade was completed in May 2026, delivering new body protection systems across treatment areas, acute wards and residential aged care rooms throughout WWHS. The upgrade has enhanced electrical safety and reliability for staff, patients and residents, reducing risk, minimising interruptions to essential medical equipment and supporting continuity of care.

Improvements to resident room circuits and power systems also enable faults to be identified and resolved more quickly, helping residents with higher care needs remain safely cared for closer to home. This important investment supports workforce safety and our commitment to providing great care through safer, more reliable facilities.

NATIMUK AGED CARE HOME KITCHENETTE AND DINING REFURBISHMENT

The Lockwood Kitchenette Upgrade at Natimuk Aged Care Home was officially opened in February 2026, transforming an outdated dining and living area into a more spacious, welcoming and homelike environment where residents can gather, dine and spend time together. The refurbishment created a larger communal dining area and improved spaces that support social connection, independence and everyday enjoyment.

A key feature of the $74,007 project was the installation of a new dementia-friendly, accessible kitchenette, enabling residents to participate more independently in familiar daily activities such as preparing drinks and simple food. Celebrated by residents, staff and families, the upgraded space reflects WWHS's commitment to providing great care through environments that enhance dignity, wellbeing and quality of life in aged care.

VHBA ENERGY EFFICIENCY OPPORTUNITIES

Following a comprehensive energy audit funded through the Victorian Health Building Authority (VHBA), energy-efficiency projects were completed across multiple WWHS sites in March 2026.

The works included HVAC and air conditioning upgrades, domestic hot water heat pump installations, and reverse osmosis (RO) water system upgrades, improving energy efficiency and supporting WWHS's sustainability objectives.



ENVIRONMENTAL PERFORMANCE AND SUSTAINABILITY

Committed to reducing our carbon footprint, energy costs and moving towards a more environmentally sustainable service.

ELECTRICITY

West Wimmera Health Service reports a 3.6% decrease in electricity consumption during 2025-26 compared to the previous year, with a total energy use of 2,895 MWh.

Despite this reduction, our continued commitment to energy efficiency is demonstrated through the ongoing implementation of measures such as LED lighting upgrades and improved air-conditioning systems.

Our dedication to renewable energy remains strong, with solar panels at Natimuk, Goroke, Minyip, Murtoa, Rupanyup and Cooinda. Solar generation totalled 575 MWh during the 2025-26 reporting period.

LPG

LPG (Liquefied Petroleum Gas) usage increased by 2.25% over the last 12 months, utilising 4,409,002 MJ of gas compared with 4,311,043 MJ in the previous year. This increase is attributable to the replacement of both theatre boilers with larger units to meet demand.

WATER

The Service's water usage recorded an 11.1% increase compared to the previous year, utilising a total of 37,362 kilolitres (kL) of potable water. The increase in water consumption was driven by hot, dry summer conditions, increasing irrigation requirements. Emergency services accessed water at the Natimuk bushfire for firefighting to protect the facility. Water consumption will decrease in the year ahead following the installation of a new reverse osmosis (RO) tank.

PUBLIC ENVIRONMENT REPORT APRIL 2025/MARCH 2026

ELECTRICITY USE	2025-26	2024-25	2023-24
EL1 Total electricity consumption segmented by source [MWh]			
Purchased	2,338.65	2,377.85	2,429.85
Self-generated	556.23	623.82	617.73
EL1 Total electricity consumption [MWh]	**2,894.87**	**3,001.68**	**3,047.58**
EL2 On- site electricity generated [MWh] segmented by:			
Consumption behind-the-meter			
Solar Electricity	556.23	623.82	617.73
Total Consumption behind-the-meter [MWh]	**556.23**	**623.82**	**617.73**
Exports			
Solar Electricity	18.89	9.09	12.71
Total Electricity exported [MWh]	**18.89**	**9.09**	**12.71**
EL2 Total On site-electricity generated [MWh]	**575.12**	**632.91**	**630.44**
EL3 On-site installed generation capacity [kW converted to MW] segmented by:			
Diesel Generator	1.52	1.52	1.52
Solar System	0.41	0.41	0.41
EL3 Total On-site installed generation capacity [MW]	**1.92**	**1.92**	**1.92**
EL4 Total electricity offsets segmented by offset type [MWh]			
LGCs voluntarily retired on the entity's behalf	1,328.41	0	0
RPP (Renewable Power Percentage in the grid)	412.87	441.18	456.40
EL4 Total electricity offsets [MWh]	**1,741.28**	**441.18**	**456.40**

STATIONARY ENERGY	2025-26	2024-25	2023-24
F1 Total fuels used in buildings and machinery segmented by fuel type [MJ]			
LPG	4,409,002.10	4,311,043.40	4,798,696.80
Diesel	63,358.40	21,921.10	47,728.70
Petrol	14,815.60	24,801.60	26,980.50
F1 Total fuels used in buildings [MJ]	**4,487,176.10**	**4,357,766.10**	**4,873,406.00**

F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type [Tonnes CO2-e]			
LPG	267.19	261.25	290.80
Diesel	4.45	1.54	3.35
Petrol	1.00	1.68	1.83
F2 Greenhouse gas emissions from stationary fuel consumption [Tonnes CO2-e]	**272.64**	**264.47**	**295.98**

TRANSPORTATION ENERGY	2025-26	2024-25	2023-24
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]			
Total Road vehicle - Petrol	2,262,001.70	2,273,277.70	2,033,528.50
Total Road vehicle - Diesel	1,931,158.40	1,630,417.30	1,664,968.40
Total energy used in transportation (vehicle fleet) [MJ]	**4,193,160.10**	**3,903,695.00**	**3,698,496.90**

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category			
Number and proportion of vehicles	**77**	**69**	**55**
Road Vehicles (Passenger vehicle)	**57**	**49**	**34**
Internal combustion engines			
Petrol	30	32	26
Diesel	3	3	1
Hybrid	24	14	7
Commercial Vehicles	**11**	**11**	**12**
Internal combustion engines			
Goods carrying incl. vans and utes			
Petrol	0	0	0
Diesel	11	11	12
Buses	**9**	**9**	**9**
Internal combustion engines			
Diesel	9	9	9

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type [tonnes CO2-e]			
Non-executive fleet - Gasoline	152.96	153.72	137.51
Petrol	**152.96**	**153.72**	**137.51**
Non-executive fleet - Diesel	135.97	114.80	117.23
Diesel	**135.97**	**114.80**	**117.23**
Total Greenhouse gas emissions from transportation (vehicle fleet) [tonnes CO2-e]	**288.93**	**268.52**	**254.74**
T(opt1) Total vehicle travel associated with entity operations [1,000 km]			
Total vehicle travel associated with entity operations [1,000 km]	1,489.34	1,441.55	1,422.97
T(opt2) Greenhouse gas emissions from vehicle fleet [tonnes CO2-e per 1,000 km]			
tonnes CO2-e per 1,000 km	0.19	0.19	0.18

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]	4,487,176.10	4,357,766.10	4,873,406.00
Total energy usage from transport (T1) [MJ]	4,193,160.10	3,903,695.00	3,698,496.90
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) [MJ]	**8,680,336.20**	**8,261,461.10**	**8,571,902.90**

E2 Total energy usage from electricity [MJ]			
Total energy usage from electricity [MJ]	10,421,547.21	10,806,036.59	10,971,298.92

E3 Total energy usage segmented by renewable and non-renewable sources [MJ]			
Renewable	8,271,025.11	3,834,006.46	3,866,880.93
Non-renewable (E1 + E2 - E3 Renewable)	10,830,858.30	15,233,491.24	15,676,320.90

E4 Units of Stationary Energy used normalised			
Energy per unit of Aged Care OBD [MJ/Aged Care OBD]	355.15	385.98	364.05
Energy per unit of LOS [MJ/LOS]	3,429.66	2,792.08	3,037.71

Energy per unit of bed-day (LOS+Aged Care OBD) [MJ/OBD]	321.82	339.10	325.09
Energy per unit of Separations [MJ/Separations]	9,277.36	9,943.48	10,563.14
Energy per unit of floor space [MJ/m2]	623.51	634.18	662.65

SUSTAINABLE BUILDINGS AND INFRASTRUCTURE	2025-26	2024-25	2023-24
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings			
Within the reporting period West Wimmera Health Service has not completed any new builds.			

B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule
Not applicable as West Wimmera Health Service has no new entity leases.

B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied Entity-owned office buildings and substantial tenancy fit-outs (itemised)
Within the reporting period West Wimmera Health Service has not completed any new builds.

B4 Environmental performance ratings (eg. NABERS, Green Star, or ISCAIS rating scheme) of newly completed Entity-owned non-office building or infrastructure projects or upgrades with a value over $1 million
Within the reporting period West Wimmera Health Service has not completed any new builds.

WATER USE	2025-26	2024-25	2023-24
W1 Total units of metered water consumed by water source (kl)			
Potable water [kL]	37,362.12	33,429.97	32,884.27
Total units of water consumed [kl]	**37,362.12**	**33,429.97**	**32,884.27**

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]	0.89	0.85	0.76
Water per unit of LOS [kL/LOS]	8.59	6.16	6.30
Water per unit of bed-day (LOS+Aged Care OBD) [kL/OBD]	0.81	0.75	0.67
Water per unit of Separations [kL/Separations]	23.25	21.92	21.92
Water per unit of floor space [kL/m2]	1.56	1.40	1.38

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	77,891.84	75,958.37	80,083.14
Offsite treatment			
Clinical waste - incinerated	14.98	14.98	75.84
Clinical waste - sharps	297.77	297.77	326.16
Clinical waste - treated	2,690.55	2,690.55	2,745.19
Recycling/recovery (disposal)			
Commingled	8,166.86	7,098.63	7,484.10
Paper (confidential)	2,740.00	2,820.00	2,393.42
Total units of waste disposed [kg]	**91,802.00**	**88,880.30**	**93,107.85**

WR1 Total units of waste disposed of by waste stream and disposal method [%]			
Landfill (total)			
General waste	84.85%	85.46%	86.01%
Offsite treatment			
Clinical waste - incinerated	0.02%	0.02%	0.08%
Clinical waste - sharps	0.32%	0.34%	0.35%
Clinical waste - treated	2.93%	3.03%	2.95%
Recycling/recovery (disposal)			
Commingled	8.90%	7.99%	8.04%
Paper (confidential)	2.98%	3.17%	2.57%

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method			
Total waste to landfill per PPT [(kg general waste)/PPT]	1.63	1.64	1.59
Total waste to offsite treatment per PPT [(kg offsite treatment)/PPT]	0.06	0.06	0.06
Total waste recycled and reused per PPT [(kg recycled and reused)/PPT]	0.23	0.21	0.20

WR4 Recycling rate [%]			
Weight of recyclable and organic materials [kg]	10,906.86	9,918.63	9,877.52
Weight of total waste [kg]	91,802.00	88,880.30	93,107.85
Recycling rate [%]	**11.88%**	**11.16%**	**10.61%**

WR5 Greenhouse gas emissions associated with waste disposal [tonnes CO2-e]			
tonnes CO2-e	105.16	102.64	108.17

GREENHOUSE GAS EMISSIONS	2025-26	2024-25	2023-24
G1 Total scope one (direct) greenhouse gas emissions [tonnes CO2e]			
Carbon Dioxide	558.30	529.91	547.48
Methane	0.96	0.93	1.02
Nitrous Oxide	2.32	2.14	2.21
Total	**561.57**	**532.98**	**550.72**
GHG emissions from stationary fuel (F2) [tonnes CO2-e]	**272.64**	**264.47**	**295.98**
GHG emissions from vehicle fleet (T3) [tonnes CO2-e]	**288.93**	**268.52**	**254.74**
Medical/Refrigerant gases			
Nitrous oxide	10.01	0.00	9.28
Refrigerant - R22 (HCFC-22)	5.41	8.19	7.55
Refrigerant - R32 (HFC-32)	7.43	3.28	2.97
Refrigerant - R410A (HFC-410A)	45.89	42.77	37.86
Sevoflurane	0.80	0.40	0.24
Total scope one (direct) greenhouse gas emissions [tonnes CO2e]	**631.11**	**587.63**	**608.63**

G2 Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]			
Electricity	1,559.34	1,566.80	1,619.43
Total scope two (indirect electricity) greenhouse gas emissions [tonnes CO2e]	**1,559.34**	**1,566.80**	**1,619.43**

G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2e)			
Commercial air travel	0	0	0
Waste emissions	105.16	102.64	108.17
Indirect emissions from Stationary Energy	302.17	295.02	300.82
Indirect emissions from Transport Energy	72.32	67.31	63.78
Paper emissions	7.22	5.64	4.20
Water emissions	54.15	54.99	55.30
Total scope three greenhouse gas emissions [tonnes CO2e]	**541.02**	**525.60**	**532.27**

G(Opt) Net greenhouse gas emissions (tonnes CO2e)			
Gross greenhouse gas emissions (G1 + G2 + G3) [tonnes CO2e]	**2,731.47**	**2,680.03**	**2,760.33**
Total gross reported greenhouse gas emissions per bed-day (CO2-e(t)/OBD)	0.06	0.06	0.06
Purchased LGCs	-1,222.14	0.00	0.00
Net greenhouse gas emissions (t CO2-e)	**1,509.33**	**2,680.03**	**2,760.33**

NORMALISATION FACTORS	2025-26	2024-25	2023-24
1000km (Corporate)	1,489	1,442	1,423
1000km (Non-emergency)			
Aged Care Occupied Bed Days (OBD)	41,979	39,287	43,524
ED Departures	0	0	0
FTE	439	424	411
LOS	4,347	5,431	5,216
OBD	46,326	44,718	48,740
PPT	47,933	46,243	50,240
Separations	1,607	1,525	1,500
TotalAreaM2	23,911	23,911	23,911

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



STATEMENT OF PRIORITIES

IN 2025-26 THE SERVICE CONTRIBUTED TO THE ACHIEVEMENT OF THE VICTORIAN GOVERNMENT'S COMMITMENTS BY ADDRESSING THE FOLLOWING DELIVERABLES IN THE STATEMENT OF PRIORITIES:

INNOVATE AND IMPROVE ACCESS AND CARE

ALIGN WITH THE VICTORIAN CLINICAL GOVERNANCE FRAMEWORK TO STRENGTHEN CLINICAL GOVERNANCE SYSTEMS, ENSURING SAFE, HIGH-QUALITY CARE.

Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes

WWHS strengthened consumer participation in clinical governance through the appointment of a consumer representative to the Quality and Safety Governance Committee and continued to embed consumer feedback, complaints, experience data and community input into quality improvement activities.

These mechanisms support service improvements and ensure the consumer voice informs decision-making and the delivery of safe, person-centred care.

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.

WWHS reviewed and strengthened its Clinical Governance and Quality Framework during 2025–26 and aligned key clinical governance documents with the National Model Clinical Governance Framework and Victorian Clinical Governance Framework.

Governance structures, reporting pathways and Board assurance mechanisms were enhanced to support transparent decision-making, continuous improvement and a strong culture of safety and quality.

Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.

Throughout the year, we strengthened our commitment to clinical governance and continuous improvement by investing in workforce capability and leadership development. Staff participated in the Emerging Leaders program, while ongoing education delivered by Clinical Teachers across all facilities, including handover education sessions and targeted dementia training, enhanced clinical knowledge, skills, and the delivery of safe, high-quality care.

The introduction of the Advanced Life Support (ALS) program further strengthened clinical capability, provided an additional skill pathway for staff, and delivered positive financial benefits through enhanced service capacity and reduced reliance on external providers.

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.

West Wimmera Health Service strengthened its planned surgery capability through a range of theatre optimisation and service improvement initiatives.

- Governance and oversight of perioperative services were enhanced through the establishment of a Perioperative Committee and Theatre Policy and Procedure Working Group, supporting safe, high-quality surgical services aligned with best-practice standards.
- Workforce capability was strengthened through collaboration with Grampians Health, with staff participating in perioperative training programs to build a skilled and sustainable workforce.
- The health service participated in regional capability and surgical service planning activities facilitated by ASPEX Consulting, supporting future service planning and strengthening regional care pathways to improve access to care closer to home.

These initiatives strengthened the health service's capacity to deliver efficient, accessible, and high-quality planned surgery services while supporting long-term sustainability.

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).

West Wimmera Health Service implemented targeted initiatives to strengthen the management of planned surgery waitlists and improve equitable access to care.

- A dedicated Theatre Waitlist Meeting was established to strengthen waitlist governance, optimise theatre utilisation, and support timely access to planned surgery services.
- Regular review and management of waitlists improved oversight of patient demand and supported equitable access to surgical care.
- Participation in regional service planning activities contributed to the development of care pathways aimed at improving access to appropriate care closer to home.

These initiatives enhanced waitlist management processes and supported more timely and equitable access to planned care services for the community.

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

DEVELOP AND IMPLEMENT INITIATIVES TO STRENGTHEN FINANCIAL SUSTAINABILITY. BY DELIVERING SUSTAINABLE, RESPONSIBLE BUDGETS, WE CAN ENSURE A WELL-MANAGED, VIABLE, AND SUSTAINABLE HEALTH SYSTEM FOR THE FUTURE.

Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.

We achieved greater cost savings and revenue enhancements than originally forecast in the Budget Action Plan, while maintaining

frontline service delivery. Through a systematic review of programs, resources were aligned to organisational priorities, resulting in reduced expenditure and increased revenue opportunities where appropriate.

Initiatives focused on workforce role and wage alignment, reducing agency dependency, and deferring non-essential expenditure contributed to lower operating and procurement costs. In addition, pursuing revenue opportunities across service delivery areas increased funding streams and service throughput, strengthening the organisation's financial sustainability.

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.

Enhanced access to data analytics and performance reporting has strengthened the organisation's ability to monitor outcomes, identify emerging trends and make timely, evidence-based decisions.

Regular review of performance metrics has improved transparency and accountability across services, enabling management to identify inefficiencies, address areas of underperformance and share successful approaches across teams. This data-driven approach has supported improved operational performance and informed resource allocation decisions.

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.

Following Rainbow Aged Care Home being granted Significant Refurbishment Status in the previous financial year, WWHS has since achieved Significant Refurbishment Status for Iona Digby Harris Home, Jeparit and District Nursing Home, Archie Gray Nursing Home Unit, Rupanyup District Nursing Home and Natimuk Aged Care Home. These approvals enable access to the higher accommodation supplement, increasing funding available for eligible residents and supporting the ongoing sustainability and enhancement of aged care services.

Securing Significant Refurbishment Status across the aged care portfolio demonstrates WWHS's commitment to maintaining safe, contemporary care environments while maximising funding opportunities that support high-quality care and long-term service sustainability.

A STRONGER WORKFORCE

POSITION VICTORIA AS A LEADER IN EMPLOYEE EXPERIENCE, CAPABILITY, AND CAPACITY BY FOCUSING ON FUTURE ROLES AND PROFESSIONAL DEVELOPMENT IN LINE WITH THE VICTORIAN HEALTH WORKFORCE STRATEGY TO ENSURE A REGENERATIVE AND SUSTAINABLE WORKFORCE.

Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.

West Wimmera Health Service is proud of how it has built a safe and respectful workplace. The Service has demonstrated a reduction in the reported experience rate of sexual harassment, reflecting the positive impact of increased education, awareness and prevention initiatives.

Ongoing training for staff, managers and Board Directors continues to reinforce expectations regarding respectful behaviour, workplace safety with an increased confidence in reporting concerns.

Both engagement and inclusion are rated highly by employees and exceed comparator organisations and the public sector more broadly.

Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.

The Service monitors a suite of workforce data through a PowerBI dashboard. Such analytics inform senior leadership and the Board of workforce trends regarding staff turnover, leave utilisation, overtime, nurse agency use, productivity and the demographics of staff. Not only does this assist with operational decision making in regard to workforce but also guides the strategic decisions of the Board.

At all times West Wimmera Health Service meets its reporting obligations to the department and is proud of the trusted relationship developed over many years.

IMPROVING ABORIGINAL HEALTH AND WELLBEING

ENHANCE DELIVERY AND ACCESS TO CULTURALLY SAFE SERVICES, FOSTERING STRONG CONNECTIONS TO CULTURE. ADDRESS RACISM AND PROVIDE ABORIGINAL PEOPLE WITH CULTURALLY SAFE HEALTHCARE AND REFERRAL PATHWAYS BETWEEN MAINSTREAM AND COMMUNITY-CONTROLLED HEALTH SERVICES.

Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.

West Wimmera Health Service is a proud partner of the Grampians Regional Education Group (GREG). The group coordinated the development of a cultural safety training model in consultation with Aboriginal partner agencies. The training titled “Creating an Inclusive Healthcare Environment: Diversity & Inclusion Service” was incorporated in our mandatory training elements for all staff.

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.

West Wimmera Health Service has proudly operated a Memorandum of Understanding with Goolum Goolum Aboriginal Cooperative.

Under the leadership of our Board Chair a proud Palawa man, West Wimmera Health Service has a unique opportunity to strengthen our ongoing partnerships within our local catchment.

The Service has established an Aboriginal Innovation Initiative Working Group with the first meeting held in July 2026.

Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.

West Wimmera Health Service discharge coordinators are focused on providing holistic care. Whilst patients identifying as Aboriginal are relatively low in number the Service strives to ensure that all referral pathways are effective and assistance where required ensures reduced barriers. Post Acute Care staff in the community have all attended cultural sensitivity training.

MOVING FROM COMPETITION TO COLLABORATION

COLLABORATE WITHIN THE LOCAL HEALTH SERVICE NETWORK TO BUILD A MORE INTEGRATED HEALTH SYSTEM, WITH BETTER ACCESS AND EXPERIENCE FOR PATIENTS, STRENGTHENED WORKFORCE, CONSISTENTLY HIGH QUALITY CARE, AND MORE SUSTAINABLE HEALTHCARE DELIVERY.

Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).

West Wimmera Health Service is engaged and committed at all levels to the Grampians Local Health Service Network (GLHSN). The Service has not only been involved with the leadership of the GLHSN but importantly it has been involved with a variety of care and quality initiatives under the auspice of the LHSN such as Residential In-Reach, Clinical Governance, and Workforce.

The Service has been actively engaged with the development of a Clinical Services Plan for the region which addresses the objectives of access, equity and flow, quality and safety and sustainability.

With the assistance of the GLHSN, Safety and Quality Lead, the Service has been able to complete the Safer Care Victoria - Clinical Governance Maturity Matrix self-assessment. This assessment realised a medium level of maturity. Over the next 6 months the Service will develop and action plan to address a number of areas for improvement that have been identified.

KEY 2025-2026 HEALTH SERVICE PERFORMANCE PRIORITIES

HIGH QUALITY AND SAFE CARE

KEY PERFORMANCE MEASURE	TARGET	RESULT
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	*
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	n/a	n/a**
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating 3 stars	100%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	0%

*The 'Percentage of patients who reported positive experiences of their hospital stay' measure is not presented in the above dashboard due to the unavailability of an aggregate result for SRHS. Results are reported at the individual health service level where sufficient sample sizes exist.

**The 'Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event' was not reported above since there was no SRHS that reported a sentinel event whose report was due this quarter.

STRONG GOVERNANCE, LEADERSHIP & CULTURE

KEY PERFORMANCE MEASURE	TARGET	RESULT
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	82%*

*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	RESULT
Operating result ($m)	0.00	0.05
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.75
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	1.00

ACTIVITY AND FUNDING

The performance and financial framework within which state government-funded organisations operate is described in The Policy and Funding Guidelines - Funding Rules. The Funding Rules detail funding and pricing arrangements and provides modelled budgets and targets for a range of programs.

The Policy and Funding Guidelines are accessible at webpage https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services

FUNDING TYPE	ACTIVITY ACHIEVEMENT 2025-26	UNIT
Small Rural Acute (DVA & TAC)	4.76	NWAU
Small Rural Mental Health	2,040	Bed Days
Small Rural Primary Health & HACC	18,835	Service Hours
Small Rural Residential Care	40,258	Bed Days

Note: All data published in annual reports is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing

FINANCIAL RESULTS

West Wimmera Health Service is pleased to report a net operating surplus of $49,468 for the 2025/26 financial year.

West Wimmera Health Service remained focused on delivering safe, high-quality healthcare services throughout 2025–26 while maintaining financial sustainability and investing in the future needs of our communities. Through careful stewardship of the resources entrusted to us, the Service continued to support positive health outcomes, strengthen local services and invest in the people and infrastructure that underpin healthcare delivery across the West Wimmera region.

The Service concluded the year with an operating surplus in line with budget despite ongoing workforce cost pressures, lower than budgeted aged care occupancy during parts of the year and the completion of significant capital projects. Continued focus on expenditure management, growth in Commonwealth-funded programs, increasing residential aged care occupancy and implementation of Budget Action Plan initiatives supported the year's result and contributed to maintaining the long-term sustainability of services.

Our people remain our most important investment. Employee costs continue to represent the largest area of expenditure and reflect our commitment to attracting, developing and retaining a skilled workforce capable of delivering high-quality care close to home. During 2025–26, West Wimmera Health Service continued to invest in staff across hospitals, residential aged care, community health and support services, recognising that strong local healthcare services depend on capable and engaged people who live and work within our communities.

The Service also continued to invest in infrastructure that will support health outcomes for years to come. Major projects completed during the year included the Nhill Kitchen Redevelopment, Electrical Infrastructure Upgrade and Rupanyup Nursing Home Redevelopment. These investments enhance the safety, functionality and sustainability of our facilities and contribute to improved experiences for patients, residents, visitors and staff.

Strong governance, accountability and responsible financial management remained central to the organisation's approach throughout the year. Financial monitoring, risk management and compliance processes supported the effective stewardship of public funds, with no material compliance deficiencies identified through the Financial Management Compliance Framework assessment. West Wimmera Health Service enters 2026–27 with a stable financial position, strengthened infrastructure and a continued commitment to delivering safe, effective and sustainable healthcare services for the people who live, work and age across the West Wimmera region.



Janette Lakin
Executive Director of Finance & Administration

FINANCIAL OVERVIEW 2025-26

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
NET OPERATING RESULT*	49	1	21	51	60
Total revenue	76,702	64,713	61,889	53,414	49,060
Total expenses	(75,075)	(70,660)	(64,672)	(58,156)	(52,620)
Net result from transactions	**1,627**	**(5,947)**	**(2,783)**	**(4,742)**	**(3,560)**
Total other economic flows	291	300	33	(59)	(9)
Net result	**1,918**	**(5,647)**	**(2,750)**	**(4,801)**	**(3,569)**
Total assets	121,858	120,897	116,431	84,520	87,892
Total liabilities	45,573	46,530	36,417	29,911	(28,482)
Net assets/Total equity	**76,285**	**74,367**	**80,014**	**54,609**	**59,410**

TABLE 5: INCOME STATEMENT - FINANCIAL YEAR ENDING 30 JUNE 2026

	2025-26 $'000
Net operating result *	**49**
Capital purpose income	10,311
Specific income	85
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	-
State supply items consumed up to 30 June 2022	-
Assets provided free of charge	367
Assets received free of charge	(367)
Expenditure for capital purpose	(2)
Depreciation and amortisation	(8,815)
Impairment of non-financial assets	-
Finance costs (other)	291
Net result from transactions	**1,919**

TABLE 6: RECONCILIATION OF NET RESULT FROM TRANSACTIONS AND OPERATING RESULT

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

SOCIAL PROCUREMENT

West Wimmera Health Service considers procurement to be a key business and strategic function. Social procurement creates an opportunity for the Service to use its buying power to deliver social and sustainable outcomes that help to build a fair, inclusive and sustainable Victoria.

West Wimmera Health Service's Social Procurement Strategy aims to increase the social and sustainable benefits achieved through deliberate and planned social and sustainable procurement activities prioritising the following four objectives:

Objective 2, Opportunities for Victorians with disability, is a strong focus for West Wimmera Health Service and is represented as an Australian Disability Enterprise in the BUYABILITY directory.

Objective 4, Opportunities for disadvantaged Victorians, is a focus as tools such as the Map for Impact shows a number of social enterprises in areas surrounding West Wimmera Health Service.

Objective 7, Sustainable Victorian regions, is a focus as the ABS socio-economic index has identified locations surrounding West Wimmera Health Service campuses as areas with a high entrenched disadvantage.

Objective 8, Environmentally sustainable outputs allows West Wimmera Health Service to continue on from existing sustainability initiatives.

The 2025-26 financial year results are as follows:

SOCIAL PROCUREMENT ACTIVITIES AND COMMITMENTS	
Overall social procurement activities	2025-26
Number of social benefit suppliers engaged during the reporting period:	1
Total amount spent with social benefit suppliers (direct spend) during the reporting period ($ GST exclusive):	$14
Total number of mainstream suppliers engaged that have made social procurement commitments in their contracts with the Victorian Government:	0
Total number of contracts that include social procurement commitments:	6

TABLE 7: SOCIAL PROCUREMENT ACTIVITIES AND COMMITMENTS
*A large proportion of the health service's mainstream direct and indirect social benefit suppliers who have made social procurement commitments within their contracts, are reported in HealthShare Victoria's annual 'Social Procurement Framework' commitment reporting.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The Service's total Information and Communication Technology (ICT) expenditure incurred during 2025-26 is $2,817,703 (excluding 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)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$2.469m	$0.349m	$0.000m	$0.349m

TABLE 8: ICT EXPENDITURE

CONSULTANCIES

DETAILS OF CONSULTANCIES (UNDER $10,000)

No consultancies were engaged by West Wimmera Health Service during 2025-26.

DETAILS OF CONSULTANCIES (VALUED AT $10,000 OR GREATER)

No consultancies were engaged by West Wimmera Health Service during 2025-26.

DISCLOSURE OF REVIEW & STUDY EXPENSES

DETAILS OF REVIEW AND STUDY EXPENSES

West Wimmera Health Service had no reportable projects in the 2025-26 financial year.

GRANTS AND TRANSFER PAYMENTS

DETAILS OF GRANTS AND TRANSFER PAYMENTS

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

DISCLOSURE OF EMERGENCY PROCUREMENTS

DETAILS OF EMERGENCY PROCUREMENTS

During the 2025-26 reporting period, West Wimmera Health Service did not undertake any emergency procurements as defined under the Health Share Victoria Purchasing Policy. Accordingly, there are no emergency procurement activities to report.

DISCLOSURE OF PROCUREMENT COMPLAINTS

DETAILS OF PROCUREMENT COMPLAINTS

During the 2025-26 reporting period, West Wimmera Health Service did not receive any procurement-related complaints. Accordingly, there are no procurement complaints to report.

COMPLIANCE WITH LEGISLATION

FREEDOM OF INFORMATION ACT 1982

The West Wimmera Health Service Freedom of Information Officer received 25 requests for information under the Freedom of Information Act (1982) during the 2025-26 financial year, a decrease of 10 from the previous financial year.

25 requests were received:

- 21 cases were personal requests
- 4 cases were non-personal requests

Of the requests received:

- 20 cases were granted in full
- 2 cases were not proceeded with by the applicant
- 0 cases where no documents/medical records were available.
- 3 cases where the Act does not apply.

All applications were received from or on behalf of members of the public. Of the above requests, zero were from Members of Parliament, zero from the media, and the remainder from the general public. West Wimmera Health Service made 23 FOI decisions during the 12 months ended 30 June 2026. There were 23 decisions made within the statutory time periods. Of the decisions made outside time, zero were made within a further 45 days and zero decisions were made in greater than 45 days. Of the total decisions made, 23 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 zero.

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

Zero requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

Members of the public may telephone the Service on 03 5391 4222, in the first instance to obtain information on the application process. Applications must be in writing and the required FOI Application form completed and sent to:

The Freedom of Information Officer
West Wimmera Health Service
PO Box 231
NHILL VIC 3418

Applications must clearly describe the documents that are being requested. If seeking an exemption of the application fee, evidence must also be provided by the applicant as to the reasons why. The following fees apply as from 1 July 2026:

- Application Fee - $34.50 (non-refundable unless the fee is waived);
- Search Fee - $25.90 per hour or part thereof;
- Photocopying - 20 cents per black and white A4 page.

It is important that applicants provide photo identification as to their identity at the time of application.

Further information on where members of the public can obtain information about FOI are available at:

FOI Information:
https://ovic.vic.gov.au/freedom-of-information/

FOI Costs:
https://ovic.vic.gov.au/freedom-of-information/for-the-public/find-and-request-access-to-information/

For detailed requirements of the Freedom of Information Act (1982) please visit:
https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982

GENDER EQUALITY ACT 2020

West Wimmera Health Service (WWHS) remains firmly committed to advancing gender equality and fostering a workplace culture that values inclusion, diversity, respect and equity. Guided by the Victorian Gender Equality Act 2020, WWHS continues to embed gender equality across all levels of the organisation, with the submission of its new 2026-2030 Gender Equality Action Plan (GEAP) in June 2026 marking an important milestone in this ongoing journey.

The new GEAP builds on the foundations established through WWHS's first gender equality reporting cycle and reflects extensive workforce consultation, workplace audit findings and learnings from the 2026 Progress Report. The Progress Report demonstrated positive improvement across all workplace gender equality indicators, highlighting the organisation's commitment to continuous improvement and meaningful action.

Over the past year, WWHS has strengthened governance, accountability and reporting processes to ensure gender equality remains embedded in organisational decision-making. Gender Impact Assessments continue to be applied to new and revised policies, programs and services, ensuring decisions are made through an intersectional lens and consider the diverse experiences of employees and communities.

The Service has continued to enhance recruitment and workforce development practices through inclusive recruitment approaches, gender-neutral language, diverse imagery and targeted attraction strategies. Workforce planning and succession planning initiatives are also supporting equitable access to career development, leadership opportunities, traineeships and study pathways.

Significant progress has been made in strengthening pay equity oversight and monitoring. Multi-level review processes for remuneration decisions remain in place, supporting fair and consistent outcomes across the workforce. The organisation has also continued to improve workforce data collection and reporting capabilities to better understand workforce trends and identify opportunities for further action.

WWHS remains committed to building safe and respectful workplaces. The 2026 Progress Report showed a reduction in the reported experience rate of sexual harassment, reflecting the positive impact of increased education, awareness and prevention initiatives. Ongoing training for staff, managers and Board Directors continues to reinforce expectations regarding respectful behaviour, workplace safety and confidence in reporting concerns.

Flexible work arrangements remain a key focus, supporting employees to balance work, family and caring responsibilities. WWHS has continued to promote flexible working options across a broad range of roles while working to normalise flexibility for all genders and career stages.

The organisation has also strengthened its focus on cultural safety, inclusion and intersectionality. Consultation undertaken during development of the 2026-2030 GEAP identified opportunities to further support culturally and linguistically diverse employees, Aboriginal and Torres Strait Islander peoples, people with disability, and LGBTQIA+ employees through enhanced education, inclusive practices and improved workforce data capability.

WWHS continues to work closely with the Victorian Health Organisation Gender Equality Network (VHOGEN) and other sector partners to share knowledge, strengthen capability and support best-practice approaches to gender equality. Regular reporting on workforce composition, leadership representation and GEAP implementation ensures accountability and

transparency across the organisation.

Looking ahead, WWHS will remain guided by its 2026-2030 GEAP as it works towards its vision of a workplace where all people, regardless of gender or background, have equitable access to opportunities, resources, leadership pathways and a safe, respectful working environment. Building on the positive results achieved to date, the Service remains committed to delivering sustainable and measurable improvements in gender equality for its workforce and the communities it serves.

BUILDING ACT 1993

In accordance with the Building Regulations 2006, made under the Building Act 1993, all buildings within the Service are classified according to their functions.

West Wimmera Health Service undertakes an extensive Essential Services Maintenance Program to ensure that all regulatory requirements and safety standards in regard to plant and equipment, buildings and fire management systems are maintained.

A comprehensive preventative maintenance program ensures that key infrastructure equipment such as emergency power backup generators, lifting equipment, heating ventilation and cooling systems and fire detection and management systems are maintained at satisfactory levels and available 365 days a year.

Building Permits are obtained for all construction projects where required and Certificates of Occupancy are issued and displayed accordingly. All builders and contractors involved in building construction are registered practitioners.

In 2025-26 there were three projects completed with a certificate of occupancy or certificate of final inspection issued, no emergency orders or building orders issued in relation to buildings and no buildings that have been brought into conformity with building standards during the reporting period.

The major works projects that were completed in the 2025-26 year include:

- Electrical Infrastructure Upgrade
- Energy Efficiency Audit Projects
- Natimuk Aged Care Home Kitchenette and Dining Refurbishment
- Nhill Hospital Kitchen Redevelopment
- Rupanyup Nursing Home Redevelopment

PUBLIC INTEREST DISCLOSURE ACT 2012

West Wimmera Health Service is committed to the objectives of the Public Interest Disclosure Act 2012 (the Act) and addresses this through the application of its Public Interest Disclosure Policy.

We recognise the value of transparency and accountability in our administrative and management practices, and support the making of disclosures that reveal corrupt conduct, conduct involving substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

During 2025-26 the Service was not advised of any Public Interest Disclosures under the Act.

NATIONAL COMPETITION POLICY

All requirements under the National Competition Policy were met, including compliance with the Government's policy statement 'Competitive Neutrality Policy Victoria' and subsequent reforms. No instances of non-compliance were identified during the reporting period.

LOCAL JOBS ACT 2003

WWHS finished two major projects funded by the Victorian Health Building Authority (VHBA), which do not require reporting against the Local Jobs First Standard.

CARERS RECOGNITION ACT 2012

West Wimmera Health Service 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 relationships principles set out in the Act when setting policies and providing services (including providing flexible working arrangements and leave provisions to staff who meet the criteria as set out in the relevant award).
- implementing priority actions in Victorian Carer Strategy 2025-2035.

SAFE PATIENT CARE ACT 2015

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

ADDITIONAL INFORMATION AVAILABLE ON REQUEST

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

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

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

This information is available on request from:
Janette Lakin
Executive Director of Finance & Administration
Phone: (03) 53914222
Email: Janette.Lakin@wwhs.net.au

ASSET MANAGEMENT ACCOUNTABILITY FRAMEWORK

West Wimmera Health Service has put in place appropriate controls and processes to ensure it is compliant with the mandatory requirements for the Asset Management Accountability Framework.

Attestations

WEST WIMMERA HEALTH SERVICE FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION

I, Gary Simpson, on behalf of the Responsible Body, certify that West Wimmera Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.



Gary Simpson
Responsible Officer
West Wimmera Health Service
11 September 2026

CONFLICT OF INTEREST

I, Darren Welsh, certify that West Wimmera Health Service 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 West Wimmera Health Service 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.



Darren Welsh
Acting Chief Executive Officer
West Wimmera Health Service
11 September 2026

DATA INTEGRITY

I, Darren Welsh, certify that West Wimmera Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. West Wimmera Health Service has critically reviewed these controls and processes during the year.



Darren Welsh
Acting Chief Executive Officer
West Wimmera Health Service
11 September 2026

INTEGRITY, FRAUD AND CORRUPTION

I, Darren Welsh, certify that West Wimmera Health Service has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at West Wimmera Health Service during the year.



Darren Welsh
Acting Chief Executive Officer
West Wimmera Health Service
11 September 2026

COMPLIANCE WITH HEALTH SHARE VICTORIA (HSV) PURCHASING POLICIES

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



Darren Welsh
Acting Chief Executive Officer
West Wimmera Health Service
11 September 2026

DISCLOSURE INDEX

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

LEGISLATION	REQUIREMENT	PAGE REF.
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FRD 22	Purpose, functions, powers and duties	1
FRD 22	Nature and range of services provided	8
FRD 22	Activities, programs and achievements for the reporting period	11-33
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Management and structure		
FRD 22	Organisational structure	6
FRD 22	Workforce data / employment and conduct principles	15
FRD 22	Workforce inclusion policy	17
FRD 22	Occupational Health and Safety	15
Financial and other information		
FRD 22	Summary of the financial results for the year	51
FRD 22	Significant changes in financial position during the year	50
FRD 22	Operational and budgetary objectives and performance against objectives	50
FRD 22	Subsequent events	50
FRD 22	Details of consultancies under $10,000	53
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FRD 22	Disclosure of procurement complaints	54
FRD 22	Disclosure of review and study expenses	54
FRD 22	Disclosure of grants and transfer payments	54

FRD 22	Application and operation of *Freedom of Information Act 1982*	55
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	57
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	57
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Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	59
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	Reporting of outcomes from Statement of Priorities 2025-2026	42-47
	Occupational Violence reporting	16
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	Reporting of compliance regarding Car Parking Fees (if applicable)	N/A
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SD 5.2.1(a)	Compliance with Standing Directions	65
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Other disclosures as required by FRDs in notes to the financial statements (a)(b)		
FRD 11	Disclosure of Ex gratia Expenses	95
FRD 103	Non-Financial Physical Assets	80
FRD 110	Cash Flow Statements	70
FRD 112	Defined Benefit Superannuation Obligations	77

FRD 114	Financial Instruments – general government entities and public non-financial corporations	90
Legislation		
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Building Act 1993		57
Public Interest Disclosure Act 2012		57
Carers Recognition Act 2012		58
Local Jobs Act 2003		57
Financial Management Act 1994 (b)		59

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



AUDITED FINANCIAL REPORT FOR THE FINANCIAL YEAR ENDING 30 JUNE 2026

West Wimmera Health Service

Financial Report

How this report is structured

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

Board Member's, Accountable Officer's and Chief Finance & Accounting Officer's Declaration.....65

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Financial Year ended 30 June 2026

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

The attached financial statements for West Wimmera Health Service 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 West Wimmera Health Service 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 11 September 2026.

Board Member	*Accountable Officer*	*Chief Finance & Accounting Officer*
		
Gary Simpson	Darren Welsh	Janette Lakin
Chair	Acting Chief Executive Officer	Chief Finance and Accounting Officer
West Wimmera Health Service	*West Wimmera Health Service*	*West Wimmera Health Service*
11 September 2026.	11 September 2026.	11 September 2026.

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of West Wimmera Health Service

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

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.



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
7 October 2026

Comprehensive Operating Statement

West Wimmera Health Service
Comprehensive Operating Statement
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	32,592	29,823
Government activity funding	2.1	40,848	31,321
Other sources of income		2,174	2,438
Non-operating activities		1,088	1,131
Total revenue and income from transactions		**76,702**	**64,713**
Expenses from transactions			
Employee expenses	3.1	(54,375)	(50,668)
Supplies and consumables	3.1	(8,451)	(8,230)
Depreciation	4.1(a)	(8,815)	(8,634)
Other operating expenses	3.1	(3,434)	(3,128)
Total Expenses from transactions		**(75,075)**	**(70,660)**
Net result from transactions - net operating balance		**1,627**	**(5,947)**
Other economic flows included in net result			
Net gain/(loss) on disposal of property plant and equipment		162	311
Net gain/(loss) on financial instruments		(8)	-
Share of other economic flows from joint arrangements		(4)	50
Other gain/(loss) from other economic flows		141	(61)
Total other economic flows included in net result		**291**	**300**
Net result		**1,918**	**(5,647)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	-
Total other comprehensive income		**-**	**-**
Comprehensive result		**1,918**	**(5,647)**

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

Balance Sheet

West Wimmera Health Service
Balance Sheet
As at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.1	27,282	28,460
Receivables	5.1	4,502	5,379
Total financial assets		**31,784**	**33,839**
Non-financial assets			
Property, plant and equipment	4.1	89,527	86,447
Other non financial assets		547	611
Total non-financial assets		**90,074**	**87,058**
Total assets		**121,858**	**120,897**
Liabilities			
Payables	5.2	5,015	10,344
Employee benefits	3.1(b)	11,111	10,530
Money held in trust	5.3	25,090	21,990
Contract liabilities	5.4	1,724	1,542
Other liabilities	6.3	2,633	2,124
Total liabilities		**45,573**	**46,530**
Net assets		**76,285**	**74,367**
Equity			
Reserves		80,426	80,426
Contributed capital		27,808	27,808
Accumulated surplus/(deficit)		(31,949)	(33,867)
Total equity		**76,285**	**74,367**

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

Cash Flow Statement

West Wimmera Health Service
Cash Flow Statement
For the Financial Year Ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash Flows from operating activities			
Operating grants from State Government		30,563	28,562
Operating grants from Commonwealth Government		5,760	5,389
Capital grants from Commonwealth & State Government		3,216	2,823
Commercial activity revenue received		25,415	22,660
GST received from ATO		2,268	1,748
Interest received		1,088	1,131
Other receipts/(payments)		2,173	6,192
Total receipts		**70,483**	**68,505**
Payments to employees		(53,794)	(50,668)
Payments to suppliers		(6,504)	(8,230)
Other payments		(2,203)	(3,097)
Total payments		**(62,501)**	**(61,995)**
Net cash flows from operating activities		**7,982**	**6,510**
Cash Flows from investing activities			
Proceeds/(loss) from sale of non-financial assets		(265)	355
Purchase of non-financial assets		(11,476)	(4,371)
Net cash flows used in investing activities		**(11,741)**	**(4,016)**
Cash flows from financing activities			
Cash advance from the Department of Health		-	(94)
Repayment of borrowings and principal portion of lease liabilities		(519)	(416)
Repayment of accommodation deposits		(6,131)	(5,741)
Receipt of accommodation deposits		9,231	10,768
Net cash flows from financing activities		**2,581**	**4,517**
Net increase in cash and cash equivalents held		**(1,178)**	**7,011**
Cash and cash equivalents at beginning of year		28,460	21,449
Cash and cash equivalents at end of year	6.1	**27,282**	**28,460**

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

Statement of Changes in Equity

West Wimmera Health Service
Statement of Changes in Equity
For the Financial Year Ended 30 June 2026

	Property, Plant & Equipment Revaluation Surplus	Contributed Capital	Accumulated Surplus/(Deficit)	Total
	$'000	$'000	$'000	$'000
Balance at 1 July 2024	**80,426**	**27,808**	**(28,220)**	**80,014**
Net result for the year	-	-	(5,647)	(5,647)
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2025	**80,426**	**27,808**	**(33,867)**	**74,367**
Net result for the year	-	-	1,918	1,918
Other comprehensive income for the year	-	-	-	-
Balance at 30 June 2026	**80,426**	**27,808**	**(31,949)**	**76,285**

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

Notes to the Financial Statements

Note 1: Basis of preparation

Structure

Note 1.1: Basis of preparation
Note 1.2: Abbreviations and terminology used in the financial statements
Note 1.3: Joint arrangements
Note 1.4: Material accounting estimates and judgements
Note 1.5: Reporting Entity
Note 1.6: Economic dependency

Note 1: Basis of preparation

These financial statements represent the audited general purpose financial statements for West Wimmera Health Service ('the Service') for the year ended 30 June 2026.

West Wimmera Health Service is a not-for-profit entity established as a public agency on 17th August 1995, 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 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).

West Wimmera Health Service is a Tier 2 entity in accordance with FRD 101. These financial statements are the first general purpose financial statements prepared in accordance with *Australian Accounting Standards – Simplified Disclosures*. West Wimmera Health Service's prior year financial statements were general purpose financial statements prepared in accordance with *Australian Accounting Standards* (Tier 1).

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.

The financial statements have been prepared on a going concern basis (refer to Note 1.6 Economic Dependency).

The financial statements are 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 sums of components are due to rounding.

The annual financial statements were authorised for issue by the Board of Directors of West Wimmera Health Service on 11 September 2026.

Note 1.2: Abbreviations and terminology used in the financial statements

The following table sets out the common abbreviations used throughout the financial statements:

Reference	Title
AASB	Australian Accounting Standards Board
AASs	Australian Accounting Standards, which include Interpretations
DH	Department of Health
DTF	Department of Treasury and Finance
FMA	Financial Management Act 1994
FRD	Financial Reporting Direction
NWAU	National Weighted Activity Unit
SD	Standing Direction
VAGO	Victorian Auditor General's Office
the Service	West Wimmera Health Service

Note 1.3: Joint arrangements

Interests in joint arrangements are accounted for by recognising in the Service's financial statements its share of assets and liabilities and any revenue and expenses of such joint arrangements.

West Wimmera Health Service has the following joint arrangement:

- Grampians Rural Health Alliance (GRHA)–joint venture

Details of the joint arrangement are set out in Note 8.2.

Note 1.4: Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

Revisions to key estimates are recognised in the period in which the estimate is revised and 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 1.5: Reporting Entity

The financial statements include all the controlled activities of West Wimmera Health Service.

The principal address of West Wimmera Health Service is:

47 Nelson Street
Nhill, Victoria 3418

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

Note 1.6: Economic dependency

The Service is a public health service governed and managed in accordance with the Health Services Act 1988 (Vic) and its results form part of the Victorian General Government consolidated financial position.

The Service 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 Health Service operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2: Funding delivery of our services

West Wimmera Health Service's overall objective is to provide quality health services and is predominantly funded by grant funding for the provision of healthcare related outputs. The Service also receives income from the supply of services.

Structure

Note 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)	32,592	29,823
Government grant income	2.1(b)	40,848	31,322
Non-operating activities		3,262	3,568
Total revenue and income from transactions		**76,702**	**64,713**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government activity funding (State) - Operating	25	26
Government activity funding (Commonwealth) - Operating	5,760	5,389
Patient and resident fees	26,528	24,095
Commercial activities	279	313
Total revenue from contracts with customers	**32,592**	**29,823**

How we recognise revenue and income from transactions

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 the Service's goods or services. The Services 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 the Service's revenue streams, with information detailed below relating to the Service's material revenue streams:

Government grant	Performance obligation
Commonwealth funding for home support program	For Commonwealth home support funding, revenue is recognised monthly as the programs are run and the contact visits are being met. The performance obligations have been agreed funding for specific care needs assessments of individuals as determined by the agreed complexities of individuals and the associated costs of achieving adequate levels of care and outcomes.
Commonwealth funding for residential aged care (bed subsidies)	For Commonwealth bed day subsidies, revenue is recognised monthly based on the actual number of bed days provided and assessed AN-ACC rates for each resident. The performance obligations around Aged Care funding is the agreed funding for specific care needs assessments of individuals residents as determined by the agreed complexities of individuals and the associated costs of achieving adequate levels of care and outcomes.
Primary and Dental Health - Maternal Child and Family Health target-based funding.	The performance obligations for Primary Care funding are a mixture of agreed targets and outcomes. Targets can be a mixture of contacts, caseloads, internally generated targets around funding parameters, externally set targets for outcomes and through acquittal processes.
Other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations.	For other grants with performance obligations the Service exercises judgement over whether the performance obligations have been met, on a grant-by-grant basis.

Note 2.1(b) Government grant income

	Note	2026 $'000	2025 $'000
Government grants (State) - Operating		30,538	28,536
Government grants - Capital		10,310	2,785
Total other sources of income		**40,848**	**31,321**

How we recognise other sources of income

Government grants

The Service 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 the Service has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition of the asset, the Service 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 the Service 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 the Service'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 Department of Health makes some payments on behalf of the Service as follows:

Supplier	Description
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 set out in the relevant Department of Health Hospital Circular.
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for the Service 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 the Service.

Note 3: The cost of delivering our services

This section provides an account of the expenses incurred by the 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 provision of services are disclosed.

Structure

Note 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)	54,375	50,668
Supplies and consumables		8,451	8,230
Other operating expenses		3,434	3,128
Total expenses incurred in the delivery of services		**66,260**	**62,026**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	44,096	39,529
Superannuation expense	4,886	4,231
Agency expenses	3,342	4,569
Fee for service medical officer expenses	2,051	2,339
Total employee expenses	**54,375**	**50,668**

How we recognise employee expenses

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

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

The defined benefit plan(s) provides benefits based on year of service and final average salary. The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans. The Service does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, the Service accounts for contributions to these plans as if they were defined contribution plans.

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

Note 3.1(b) Employee-related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	186	170
Annual leave	3,684	3,400
Long service leave	5,015	4,763
Provision for on-costs	1,240	1,112
Total current provisions for employee benefits	**10,125**	**9,445**
Non-current provisions for employee benefits		
Long service leave	862	953
Provision for on-costs	124	132
Total non-current provisions for employee benefits	**986**	**1,085**
Total provisions for employee benefits	**11,111**	**10,530**

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 the Service 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 the Service expects to wholly settle within 12 months or
- present value – if the Service 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 the Service 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 the Service expects to wholly settle within 12 months or
- present value – if the Service 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.

Note 3.1(c) Other operating expenses

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 the Service. 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

The Service 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 the Service to be utilised for delivery of services.

Structure

Note 4.1: Property, plant and equipment
Note 4.2: Depreciation

Note 4.1 Property, plant and equipment

	2026 $'000	2025 $'000
Land at fair value	2,580	2,580
Total land	**2,580**	**2,580**
Buildings at fair value	80,096	78,979
Less accumulated depreciation	(14,048)	(6,968)
Total buildings	**66,048**	**72,011**
Plant, equipment and vehicles at fair value	17,652	16,935
Less accumulated depreciation	(12,949)	(11,767)
Total Plant, equipment and vehicles at fair value	**4,703**	**5,168**
Right of use (RoU) assets - motor vehicles	3,316	2,510
Less accumulated depreciation	(703)	(500)
Total ROU assets - motor vehicles	**2,613**	**2,010**
Works in progress at cost	13,583	4,678
Total Works in progress at cost	**13,583**	**4,678**
Total	**89,527**	**86,447**

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.

How we recognise right-of-use assets

When the Service 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.

Continued how we recognise right-of-use assets

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

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

Subsequent measurement

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

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

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

	Land	Buildings	Plant, equipment & vehicles	RoU assets - motor vehicles	Works in progress	Total
	$'000	$'000	$'000		$'000	$'000
Balance at 1 July 2025	**2,580**	**72,011**	**5,168**	**2,010**	**4,678**	**86,447**
Additions	-	13	806	1,438	10,009	12,266
Additions/(disposals) - GRHA	-	-	4	-	-	4
Disposals	-	-	(40)	(335)	-	(375)
Revaluation increments/(decrements)	-	-	-	-	-	-
Net transfers between classes	-	1,104	-	-	(1,104)	-
Depreciation	-	(7,080)	(1,235)	(500)	-	(8,815)
Balance at 30 June 2026	**2,580**	**66,048**	**4,703**	**2,613**	**13,583**	**89,527**

Fair value assessments have been performed for all classes of assets in this purpose group, and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, the Service has elected to apply the practical expedient in FRD 103 *Non-Financial Physical Assets* and has therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with the Service's revaluation cycle.

4.1(b) Impairment of property, plant and equipment

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

Note 4.2: Depreciation

How we recognise depreciation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	3 to 50 years	3 to 50 years
Plant and equipment	2 - 10 years	2 - 10 years
Vehicles (including leased assets)	0 - 10 years	0 - 10 years

Note 5 Other assets and liabilities

This section sets out those assets and liabilities that arose from the Service's operations.

Structure

Note:5.1 Receivables
Note:5.2 Payables
Note:5.3 Money held in trust

Note:5.1 Receivables

	Note	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter hospital debtors		267	1,227
Trade receivables		315	439
Other receivables		940	798
Total contractual receivables		**1,522**	**2,464**
Statutory			
GST receivable		100	145
Total statutory receivables		**100**	**145**
Total current receivables		**1,622**	**2,609**
Non-current receivables			
Contractual			
Long service leave - Department of Health		2,880	2,770
Total contractual receivables		**2,880**	**2,770**
Total non-current receivables		**2,880**	**2,770**
Total receivables		**4,502**	**5,379**
(i) Financial assets classified as receivables			
Total receivables		4,502	5,379
GST receivable		(100)	(145)
Total financial assets classified as receivables	7.1	**4,402**	**5,234**

How we recognise receivables

Receivables consist of:

Contractual receivables, including debtors that relate to goods and services. These receivables are classified as financial instruments and are categorised as 'financial assets at amortised cost'. They are initially recognised at fair value plus any directly attributable transaction costs. The 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.

Continued how we recognise receivables

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 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		835	224
Accrued salaries and wages		1,885	1,288
Accrued expenses		1,920	1,328
Deferred capital grant income	5.2(a)	228	7,504
Inter hospital creditors		147	-
Total contractual payables		**5,015**	**10,344**
Total payables		**5,015**	**10,344**
(i) Financial liabilities classified as payables			
Total payables		5,015	10,344
Deferred grant income		(228)	(7,504)
Total financial liabilties classified as payables	7.1	**4,787**	**2,840**

How we recognise payables

Payables consist of:

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

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

The normal credit terms for accounts payable are usually Net 60 days.

Note 5.2(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	7,504	2,956
Grant consideration for capital works received during the year	3,034	7,333
Deferred capital grant income recognised as income due to completion of capital works	(10,310)	(2,785)
Closing balance of deferred capital grant income	**228**	**7,504**

How we recognise deferred capital grant income

Grant consideration was received from Commonwealth and State government to support the construction of renewal of infrastructure and refurbishments.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when the Service 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, the Service has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Note:5.3 Money held in trust

	Note	2026 $'000	2025 $'000
Current monies held in trust			
Patient monies	7.1	7	7
Refundable accommodation deposits	7.1	25,066	21,966
Other monies		17	17
Total current monies held in trust		**25,090**	**21,990**
*** Represented by:**			
- Cash assets		25,090	21,990
		25,090	**21,990**

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 the Service 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:5.4 Contract Liabilities

	2026	2025
	$'000	$'000
Current		
Contract liabilities	1,724	1,542
Total current contract liabilities	1,724	1,542
Total contract liabilities	**1,724**	**1,542**

How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of Department of Health, unspent client package funds and Grampians Rural Health Alliance JVA. The balance of contract liabilities was significantly higher than the previous reporting period due to funding provided in advance for capital works.

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

Note 6 How we finance our operations

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

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

Structure

Note 6.1: Cash and cash equivalents
Note 6.2: Commitments for expenditure
Note 6.3: Other Liabilities

Note 6.1 Cash and cash equivalents

	Note	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		3	3
Cash at bank (excluding monies held in trust)		1,275	662
Cash at bank - GRHA (excluding monies held in trust)		1,539	481
Deposits at call (excluding monies held in trust)		-	5,946
Total cash held for operations		**2,817**	**7,092**
Cash at bank (monies held in trust)		24,465	21,368
Total cash held as monies in trust		**24,465**	**21,368**
Total cash and cash equivalents	7.1	**27,282**	**28,460**

Note 6.2 Commitments for expenditure

30 June 2026	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	-	-	-	-
Operating expenditure commitments	1,129	1,709	-	2,838
Total commitments (inclusive of GST)	**1,129**	**1,709**	**-**	**2,838**
Less GST recoverable	(103)	(155)	-	(258)
Total commitments (exclusive of GST)	**1,026**	**1,554**	**-**	**2,580**

30 June 2025	Less than 1 year $'000	1-5 Years $'000	Over 5 years $'000	Total $'000
Capital expenditure commitments	9,626	29	-	9,655
Operating expenditure commitments	-	-	-	-
Total commitments (inclusive of GST)	**9,626**	**29**	**-**	**9,655**
Less GST recoverable	(875)	(3)	-	(878)
Total commitments (exclusive of GST)	**8,751**	**26**	**-**	**8,777**

How we disclose our commitments

Our commitments relate to expenditure.

Expenditure commitments

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

Note 6.3 Other Liabilities

The Services' lease liabilities are summarised below:

	2026 $'000	2025 $'000
Current other liabilities		
Advances from government	-	102
Lease liability	1,025	925
Total current other liabilities	**1,025**	**1,027**
Non-current other liabilities		
Lease liability	1,608	1,097
Total non-current other liabilities	**1,608**	**1,097**
Total lease liabilities	**2,633**	**2,124**

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	1,129	999
Longer than one year but not longer than five years	1,710	1,162
Longer than five years	-	-
Minimum future lease liability	**2,839**	**2,161**
Less unexpired finance expenses	(206)	(139)
Present value of lease liability	**2,633**	**2,022**

How we recognise lease liabilities

A lease is defined as a contract, or part of a contract, that conveys the right for the Service to use an asset for a period of time in exchange for payment.
To apply this definition, the Service 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 the Service and for which the supplier does not have substantive substitution rights

- the Service 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 the Service has the right to direct the use of the identified asset throughout the period of use and

Continued how we recognise lease liabilities

- the Service has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

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. The Service 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).

The Service's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased vehicles	1 to 5 years

Note 7 Financial instruments, contingencies and valuation judgements

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

Structure

Note 7.1: Financial instruments
Note 7.2: Contingent assets and contingent liabilities
Note 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 the Service's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

30 June 2026	Note	Carrying amount $'000	Net gain/(loss) $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	27,282	-	1,089
Receivables	5.1	4,402	-	-
Total financial assets [i]		**31,684**	**-**	**1,089**
Financial liabilities at amortised cost				
Payables	5.2	4,787	-	-
Other financial liabilities - RAD's	5.3	25,066	-	-
Other financial liabilities	5.3	7	-	-
Total financial liabilities [i]		**29,860**	**-**	**-**

30 June 2025	Note	Carrying amount	Net gain/(loss) $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost				
Cash and cash equivalents	6.1	28,460	-	1,131
Receivables	5.1	5,234	-	-
Total financial assets [i]		**33,694**	**-**	**1,131**
Financial liabilities at amortised cost				
Payables	5.2	2,840	-	-
Other financial liabilities - RAD's	5.3	21,966	-	-
Other financial liabilities	5.3	7	-	-
Total financial liabilities [i]		**24,813**	**-**	**-**

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

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by the Service 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.

The Service recognises the following assets in this category:

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

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.

The Service recognises the following liabilities in this category:

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

Derecognition of financial assets

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

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

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

Derecognition of financial liabilities

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

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

Reclassification of financial instruments

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

A financial liability reclassification is not permitted.

Note 7.2 Contingent assets and contingent liabilities

Details of financial estimates for contingent assets or contingent liabilities are included in the following table:

	2026	2025
	$'000	$'000
Contingent assets		
Quantifiable		
Bank guarantees held for capital projects	217	433
Total quantifiable contingent assets	**217**	**433**

	2026	2025
	$'000	$'000
Contingent liabilities		
Quantifiable		
Caveat over property - Kaniva hostel units	200	200
Mortgage over property - Kaniva hostel units	265	265
Total Quantifiable Contingent Liabilities	**465**	**465**

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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

Contingent liabilities

Contingent liabilities are:

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

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

Note 7.3 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
- 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.

The Service 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.

The Service 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 the Service's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

AASB 2022-10 Amendments to *Australian Accounting Standards* – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 *Fair Value Measurement* by adding Appendix F Australian Implementation Guidance for Not-for-Profit Public Sector Entities. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable to 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 the Service'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, the Service 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, the Service 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, the Service 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 the Service, 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. The Service 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 an experienced fleet manager in the Service who sets 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

Asset class	Valuation technique	Significant assumption	Range (weighted average)[(i)]
Specialised land	Market approach	Community Service Obligations adjustment	50-70% (60%)[(ii)]
Specialised buildings	Current replacement cost approach	Cost per square metre	$1,000 - $1,500/m^2 ($1,300)
		Useful life	30 - 60 years (45 years)
Vehicles	Current replacement cost approach	Cost per unit	$9,000 - $10,000 ($9,500 per unit)
		Useful life	3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per unit	$3,000 - $4,000 ($3,500 per unit)
		Useful life	2 - 10 years (7 years)

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

[(ii)] CSO adjustments ranging from 50% to 70% were applied to reduce the market approach value for West Wimmera Health Service's specialised land, with the weighted average 60% reduction applied

Note 8 Other disclosures

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

Structure

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

Note 8.1 Ex-gratia expenses

Ex gratia expenses are the voluntary payments of money or other non-monetary benefit (e.g. a write off) that are not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability of or claim against the entity.

Note 8.2 Joint arrangements

	Principal Activity	Ownership Interest 2026 %	Ownership Interest 2025 %
Grampians Rural Health Alliance	The member entities have committed to the establishment of: *Information Technology Services*	4.95	5.02

	2026 $'000	2025 $'000
Total revenue and income	707	603
Total expenses	709	568
Total net result	(2)	35
Comprehensive result for the year	(2)	35
Total assets	1,836	1,463
Total liabilities	1,577	1,198
Total equity	259	265

Contingent liabilities and capital commitments

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

Note 8.3 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 - 30 Jun 2026
Minister for Ambulance Services	2 Oct 2023 - 30 Jun 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 Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 Jun 2026
Minister for Disability	2 Oct 2023 - 30 Jun 2026
Governing Board	
Mr Gary Simpson	1 Jul 2025 - 30 Jun 2026
Ms Sharon Tooley	1 Jul 2025 - 30 Jun 2026
Ms Felicity Walsh	1 Jul 2025 - 30 Jun 2026
Mrs Amanda Wilson	1 Jul 2025 - 30 Jun 2026
Mrs Joanne Martin	1 Jul 2025 - 30 Jun 2026
Ms Margaret (Meg) Sleeman	1 Jul 2025 - 30 Jun 2026
Ms Kendra Clegg	1 Jul 2025 - 30 Jun 2026
Mr Bernard Young	1 Jul 2025 - 19 May 2026
Ms Marcell Judkins	3 Nov 2025 - 30 Jun 2026
Mr Ryan Arthur	3 Nov 2025 - 30 Jun 2026
Accountable Officer	
Ritchie Dodds (Chief Executive Officer)	1 Jul 2025 - 30 Jun 2026

Remuneration of Responsible Persons

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

Income Band	2026 No	2025 No
$0 - $9,999	9	9
$10,000 - $19,000	1	1
$280,000 - $289,999	-	-
$300,000 - $309,999	1	1
Total Numbers	**11**	**11**

	2026 $'000	2025 $'000
Total remuneration received or due & receivable by Responsible Persons from reporting entity amounted to:	**335**	**377**

Amounts relating to the Governing Board Members and Accountable Officer of the Service's controlled entities are disclosed in their own financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Note 8.4 Remuneration of executives

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

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

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year. This has had a significant impact on remuneration figures for the termination benefits category.

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration [i]	1,187	1,266
Total number of executives	4	5
Total annualised employee equivalent [ii]	4.0	5.0

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

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

Note 8.5: Related parties

The Service 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 Grampians Rural Health Joint Venture 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

The Service received funding from the Department of Health of $28.4m (2025: $27.4m) and nil indirect contributions (2025: nil). Balances outstanding as at 30 June 2026 are nil (2025 nil).

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

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

The Standing Directions of the Minister for Finance require the Service 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 the Service and its controlled entities, directly or indirectly.

The Board of Directors and the Executive Directors of the Service are deemed to be KMPs. This includes the following:

Entity	KMPs	Position Title
West Wimmera Health Service	Mr Gary Simpson	Chair of the Board
West Wimmera Health Service	Ms Felicity Walsh	Board Member
West Wimmera Health Service	Ms Sharon Tooley	Board Member
West Wimmera Health Service	Mr Ryan Arthur	Board Member
West Wimmera Health Service	Ms Marcell Judkins	Board Member
West Wimmera Health Service	Mrs Kendra Clegg	Board Member
West Wimmera Health Service	Mr Bernard Young	Board Member
West Wimmera Health Service	Mrs Joanne Martin	Board Member
West Wimmera Health Service	Ms Margaret (Meg) Sleeman	Board Member
West Wimmera Health Service	Mrs Amanda Wilson	Board Member
West Wimmera Health Service	Mr Ritchie Dodds	Chief Executive Officer
West Wimmera Health Service	Mrs Janette Lakin	Executive Director Finance & Administration
West Wimmera Health Service	Mrs Melanie Albrecht	Executive Director Business & Strategy
West Wimmera Health Service	Mrs Cheree Schneider	Executive Director Clinical Services
West Wimmera Health Service	Mr Darren Welsh	Executive Director Quality & Safety

Remuneration of key management personnel

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

	2026	2025
	$'000	$'000
Total compensation - KMPs [i]	**1,522**	**1,643**

[i] KMPs are also reported in Note 8.3 Responsible Persons or Note 8.4 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 the Service, there were no related party transactions that involved key management personnel, their close family members or their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2026 (2025: none).

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

Note 8.5 Remuneration of Auditors

	2026	2025
	$'000	$'000
Victorian Auditor-General's Office		
Audit of the financial statements	30	29
Total remuneration of auditors	**30**	**29**

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.