wdhs Western District Health Service

Casterton · Coleraine · Hamilton · Merino · Penshurst

ANNUAL REPORT

2025 26



WESTERN DISTRICT HEALTH SERVICE

VISION

Creating Australia's healthiest rural community.

MISSION

To support our community's physical, mental and social wellbeing by:

- Providing safe, high quality and innovative services
- Building enduring partnerships
- Delivering customer service excellence.

VALUES

Integrity
We will be open and honest and will do the right thing for the right reason.

Innovation
We will be an industry leader by breaking new ground and improving the way things are done.

Collaboration
We will actively work together in teams and partnerships.

Accountability
We will take personal responsibility for our decisions and actions.

Respect
We will value all people's opinions and contributions.

Empathy
We will endeavour to understand other peoples' feelings and perspectives.

CASTERTON MEMORIAL HOSPITAL

VISION

To be a leader and partner in the delivery of exceptional healthcare to Casterton and surrounding communities.

PURPOSE

Casterton Memorial Hospital aims to improve the health and wellbeing of our community through local, adaptive and innovative solutions.

We will do this by:

- Delivering effective, safe, quality health and wellbeing services

Ensuring the sustainability of our services to meet the future needs of our community.

VALUES

Trust
We have confidence in the ability of others.

Respect
We value every individual.

Honesty & Integrity
We act truthfully, consistently and fairly.

Collaboration & Engagement
We create solutions together.

Sustainability
We work to get the best results for current and future generations.

ABOUT THIS REPORT

Western District Health Service (WDHS) follows the Victorian State Government Department of Treasury and Finance FRD30 guidelines for its Annual Report, as a public entity under Section 3 of the *Financial Management Act (1994)*.
In accordance with this Act, I am pleased to present the Report of Operations for Western District Health Service for the year ending 30 June 2026.

Anna Sweeney
Board Chairperson
Western District Health Service
20 October 2026

WDHS is a public health service established under the *Health Services Act 1988 (Vic)*. The responsible Ministers for the period were:

Minister for Health
Minister for Ambulance Services
The Hon Mary-Anne Thomas
(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 Hone MP
(1 July 2025 to 30 June 2026)

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

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



Western District Health Service acknowledges the Gunditjmara as the Traditional Owners of this land and we pay our respects to Elders past and present.

This report is also available on the WDHS website at:
www.wdhs.net/publications

→ 2026 WDHS completes its Merger with the Casterton Memorial Hospital

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Message from The Chairs and Chief Executive



Anna Sweeney

WDHS Chairperson



Rowena Clift

Chief Executive



Dr Jennifer James

CMH Chairperson

Regional and rural healthcare have always required a different way of thinking. Every decision carries extra weight when the nearest alternative service may be many hours away. For Victorians across the Western District, one dialysis chair, one acute hospital bed or one monthly specialist clinic means earlier access to care, fewer hours on the road and greater support for patients, residents and families. It is often the difference between receiving treatment locally or having to travel elsewhere.

This understanding guided both Western District Health Service (WDHS) and Casterton Memorial Hospital (CMH) throughout their histories and shaped the decisions that brought us to this significant point in our shared history.

The reporting period began with two independent health services facing shared challenges: growing demand, workforce pressures, evolving models of care and the need to keep local services sustainable now and in the future.

Many years of collaboration, strengthened through the South West Local Health Service Network, culminated in the voluntary merger of WDHS and CMH on 1 April 2026. This was an important milestone in ensuring people in our region continue to have access to timely, high quality care and services close to home for generations to come.

Reaching that point required an extraordinary effort. Staff took on additional responsibilities as clinical systems, governance, finance, workforce processes and technology were brought together, all while our hospitals, aged care services and community programs continued delivering the care our communities need every day.

The months leading up to the merger also provided an opportunity to listen. Staff, volunteers, residents, patients, community groups and local organisations shared what mattered most to them. The message was consistent: local healthcare should remain accessible, trusted and responsive; services should expand closer to home wherever possible; skilled staff should be attracted and retained; and communities should continue to receive the same high quality of care.

While that work progressed, there was also much to celebrate. WDHS progressed planning for the redevelopment of the Hamilton Base Hospital emergency department, supported by the Board's commitment to fund interim improvements as we continue to work towards a long-term solution. The National Centre for Farmer Health expanded its research, education and outreach, supporting farming communities across the country, while the Optima digital workforce rostering project received national recognition through the RLDatix Awards.

CMH marked another strong year of practical improvements shaped by local needs. Monthly general surgery clinics improved local access to specialist consultations and follow-up care. The introduction of the VOCERA voice-activated communication system improved coordination between on-the-ground teams. Recovery works following the October 2024 storm continued. Community initiatives promoting women's health, advance care planning, youth wellbeing, healthy ageing and the prevention of family violence reflected CMH's longstanding role in supporting health and wellbeing beyond hospital walls.

Across our other campuses, local services continued to make a difference by responding to community needs. At Merino, nurses saw an average of 12 people each day, helping people access care locally. The facility also welcomed a growing range of community groups, including a new weekly young family group, while new furniture brought a refreshed look. At Penshurst, stage 3 of the redevelopment began, as well as

improvements including a new sensory garden and resident transport vehicle. Coleraine also marked a leadership transition, with Bronwyn Roberts concluding more than 30 years of service to WDHS after a career spanning senior nursing and campus leadership roles, and Rebecca West began as Director of Nursing/Campus Manager.

Our auxiliaries continued to support WDHS, raising more than $9,500 this financial year. The WDHS Opportunity Shop helped fund new buses, while the Aged Care Trust contributed more than $31,000 towards contemporary equipment for the Grange and other sites. The Casterton Golf Day raised more than $4,000 for Glenelg House equipment, including new AlbacMats to support emergency evacuations. The 2025 Medicine Ball was a great success, raising more than $170,000. These are just some of the contributions that make a tangible difference to the services, equipment and experiences we provide, demonstrating the depth of community support for local healthcare and aged care.

This period also marked significant leadership transitions. We thank all Board Directors whose terms concluded. We acknowledge Greg Hart for his leadership as CMH Board Chair during this period of change, and Dr Jennifer James, who assumed the role of Chair in the lead-up to the merger. We also recognise Mary-Anne Betson for her decades of nursing service and leadership at CMH, and warmly welcome Kym Peter as Campus Manager in Casterton.

Perhaps no moment captured the significance of this year more powerfully than the opening of CMH's time capsule on 31 March 2026. Sealed almost 50 years earlier, it reflected the hopes and aspirations of those entrusted with the organisation. The following day, a new capsule was placed, to be opened in 2050. It was a reminder that none of us truly owns these health services. We inherit them, provide stewardship, then pass them to those who follow. Whether by improving services, investing in our workforce or preparing for the merger, every decision was guided by that responsibility.

We will build upon the proud histories of every campus while recognising the distinct role each continues to play within our region. Work has already begun on our first strategic plan as a merged organisation, building on our strengths while responding to the changing needs of local communities in the district.

To our Board Directors, senior leadership team, staff, volunteers, donors, supporters, partners, thank you. This has been a challenging yet rewarding year, requiring us to embrace change while continuing to provide high quality care to our communities. We especially thank all community members who entrust their care to us, for their support and willingness to engage in the strategic direction of our organisation.





WDHS at a glance

9,308
Hamilton Base Hospital Inpatient Separations

444
Casterton Memorial Hospital Inpatient Separations

75,577
Hamilton Base Hospital Outpatient Appointments

7,040
Casterton Memorial Hospital Outpatient Appointments

11,959
Emergency Department Presentations

131
Babies Born

3,059
Surgical Operations

1058
Commonwealth Home Support Program Clients

297
Support at Home Clients

263
Aged Care residents received care

1,244
Staff (Headcount)

18,192
Volunteer Hours

$717,540
Funds Raised

Year in Review - Highlights

Nursing and Clinical Services

Maternity Services

During 2025-26, 132 babies were born at Hamilton Base Hospital, with pregnancy and postnatal care provided to approximately 180 families. Outreach maternity services continued in Casterton, Harrow and Heywood (Winda-Mara). New nitrous oxide units and a Jovie cot enhanced the birthing and postnatal environment, while ongoing team education and professional development supported high-quality, woman-centred care. Training covered obstetric emergencies, foetal surveillance, neonatal resuscitation, birth trauma, respectful maternity care, vaginal birth after caesarean, breastfeeding and comprehensive sexual and reproductive health.



Graduate Nurse Program

The future nursing workforce was strengthened through graduate nurse programs across the organisation. In Casterton, four registered nurse graduates joined the team in January 2026. In Hamilton, 24 graduate nurses were supported during 2025-26, with the 2026 intake including 15 registered nurse graduates – 12 starting in acute care and three in aged care. Recruitment for a further five aged-care graduate positions and for the enrolled nurse graduate program began, while five international enrolled nurse graduates were supported through visa sponsorship and transition-to-practice initiatives.

Expanded General Medicine Outpatient Care

Access to general medicine public outpatient clinics was strengthened through the successful accreditation of two advanced trainee physicians, increasing consultant capacity and supporting the continued growth of public medical outpatient services, including expansion to Casterton.



Cancer and Dialysis Services

A new ultrasound machine, purchased with support from community fundraising, enhanced clinical capability across dialysis, oncology and the consulting suites in Hamilton. The introduction of a dialysis clinical nurse consultant supported patients and staff, while a community donation enabled the purchase of a breast care bra fitting kit to support women undergoing breast cancer surgery. Hospital in the Home services were expanded to provide support and minor clinical procedures, including blood tests. In Casterton, a point-of-care ultrasound was acquired for use primarily within the dialysis department, with a contribution of $1,646.60 from the Knit & Natter group.

Acute Inpatient Services

Throughout 2025-26, a range of initiatives enhanced workforce efficiency, communication and patient safety. Improvements in workforce management systems, structured team communication processes, ward-based education initiatives and multidisciplinary collaboration supported staff development, strengthened care coordination and improved discharge planning, contributing to safer and more efficient patient care across inpatient services.

Review of Stroke Care and Continuity of Care

The stroke pathway was reviewed and updated in collaboration with Safer Care Victoria's Stroke Collaborative to support best-practice care.

Patient Flow and Access

Safe and effective patient flow was maintained across WDHS through coordinated bed management, patient placement and resource allocation across acute and aged-care services. The team managed periods of increased demand and pressure on capacity while strengthening escalation and capacity management processes. Collaboration with clinical teams, emergency services, regional referral partners and ambulance services supported timely transfers and care coordination.



Emergency Department

The emergency department at Hamilton Base Hospital continued to experience strong demand, recording 11,774 presentations during 2025-26. New nitrous oxide equipment enhanced treatment options and patient comfort, while two graduate nurses undertook rotations through the department. Plans progressed for redevelopment to support care, enable service growth and improve facilities.

Expanding Access to Specialist Surgical Services

Specialist surgical access continued to expand, with orthopaedic surgeon Dr Nathan Kirzner starting to operate at WDHS in May 2026. WDHS also worked with Warrnambool Plastic & Reconstructive Surgery to provide plastic surgery services from November 2025. A new public General Surgery Outpatient Clinic was established, improving access to specialist surgical care.

Aged Care

Aged Care Reform

WDHS prepared for the implementation of the new *Aged Care Act 2024* and strengthened standards, effective 1 November 2025. The changes strengthened the focus on the rights, choices, independence and wellbeing of older people receiving care.

A Consistent Identity Across WDHS Aged Care
A new WDHS Aged Care brand was launched across residential aged-care services drawing together the five aged care homes and supporting a consistent identity across the organisation.

Supporting Choice, Dining and Reablement
Funding secured through the Public Sector Residential Aged Care Services Lifestyle Grant supported improvements across aged-care sites, designed to enhance dining experiences, lifestyle choices and reablement.

Residential In-Reach
Collaboration between the aged-care and primary & preventative health teams realised the residential in-reach program, providing advanced clinical assistance to residents who have complex needs, supporting care closer to home.

The Birches
A behaviour management work group was introduced to develop better approaches to managing challenging behaviour, among residents who have cognitive impairment. We also improved snacks and menu options to enhance the resident experience. Equipment donated by the Aged Care Trust, including a weigh chair, pressure-relieving chair and lifting machine, enhanced resident care. The service also acknowledged the passing of Nurse Unit Manager Eryn Cottier, whose career at WDHS began as a graduate registered nurse in 2007 and whose compassionate leadership, particularly in supporting people living with dementia, made a lasting contribution to The Birches.



Glenelg House – Casterton
The service adapted its menu to meet the specific needs of residents and the healthy choices framework, incorporating resident feedback. Common areas were refreshed with new dining tables, chairs and armchairs, creating more welcoming spaces for residents, visitors and staff. Air-conditioning units damaged in the October 2024 storms were replaced. Residents and their families received opportunities to learn more about the merger of Casterton Memorial Hospital with WDHS through information sessions and meetings. The service recognised the longstanding contribution of volunteers Betty Collins, who has given more than 40 years of service, and Cathy Parfrey, recipient of the WDHS Charlie Watt Volunteer Award.

Grange Residential Care Services
A resident-led food focus group was introduced to strengthen resident involvement in dining choices. Equipment donations from the Aged Care Trust, including a shower trolley, bariatric shower chair, wheelchairs and recliner chairs, supported resident comfort, safety and care.



Penshurst Redevelopment
The stage 3 redevelopment of the Penshurst facility commenced, transforming the former nursing home wing into a modern, safe and fit-for-purpose environment. A new sensory garden opened in Koras Way, while a shade sail was installed outside Rouse Villas. A vehicle was introduced to support resident transport. The year also marked the retirement of Catherine Loria following a long career in aged care.

Bringing Advanced Clinical Support to Valley View
Residential In-Reach began at Valley View, Coleraine, providing advanced clinical support to residents who have complex needs. Resident-led food focus groups were introduced, while generous donations from local organisations supported the purchase of a community transport vehicle, wheelchairs, pressure injury prevention cushions, dementia clocks and improvements to communal areas. Residents continued to participate in local events including the Coleraine Pedal Car Grand Prix. The service also recognised the retirement of DON/Campus Manager Bronwyn Roberts and welcomed Rebecca West to the role.

Support at Home
On 1 November 2025, the Australian Government's home care package program changed to the support at home program. As of 30 June 2026, WDHS supported 295 participants through support at home, as well as 554 home support program clients.

Primary and Preventative Health

Diabetes Education and Specialist Support
The diabetes education team continued to support people living with diabetes through education, self-management strategies and the use of technology to support improved health outcomes and quality of life.

Preparing for Joint Replacement Surgery
People preparing for joint replacement surgery were supported through a program of targeted exercise, education and lifestyle advice. Participants reported improvements in strength, mobility and confidence, helping them prepare for surgery and supporting their recovery.

Continence Care Closer to Home
Services continued to expand access to specialist support across the region, providing person-centred care that helps clients manage their health with dignity and confidence.



Supporting Mental Health Through Live4Life Programs
As lead agency for the Southern Grampians Live4Life program, WDHS continued working with schools, young people, families and community partners to promote mental health awareness, build resilience and encourage help-seeking. Live4Life also operates through a separate Glenelg chapter, with Casterton Memorial Hospital continuing as a local partner and supporting initiatives such as the promotion of Youth Mental Health First Aid training for residents.

Listening to Patient Experiences
The collection of patient reported experience measures continued to strengthen consumer partnership and quality improvement. Feedback from patients and families provided valuable insight into their experiences of care, helping WDHS identify strengths and understand improvement opportunities.

Medical Administration and Workforce

Medical Workforce
More junior and senior medical staff were recruited across medicine, surgery and emergency. Surgical lists for visiting medical officers were increased. Additional obstetrician GPs contributed to public maternity services, while work continued on development of a local paediatric clinic. Scott Savage started as Director of Pharmacy, as well as recruitment of more pharmacists and technicians to WDHS.



Medical Training and Education

Approximately 906 hours of scheduled face-to-face education were provided, supporting clinical competency, workforce development and safe, high quality care.WDHS also achieved accreditation of its intern training program through the Postgraduate Medical Council of Victoria and of its surgical registrar training program through the Royal Australasian College of Surgeons. Partnerships with Deakin, Flinders and Oceania universities continued to support medical students and the development of a junior medical workforce at WDHS.

Public Outpatient Clinics

Public surgical outpatient services were established in Hamilton and Casterton, improving access to specialist consultations. Work began on extending public medical outpatient clinics in Casterton, while the General Surgery Outpatient Clinic, established by Dr Janine Arnold, continued to grow.

Aged Care Pharmacy Services

An aged-care onsite pharmacist model was implemented, providing dedicated medication support for residents and aged-care teams.

Research and Innovation

WDHS reinvigorated its Research Committee and continued to build research capability, profile and participation in projects in partnership with the National Centre for Farmer Health and universities.

Regional Medical Collaboration

WDHS continued working with South West Healthcare and Portland District Health to develop a regional model for pre-vocational medical training. Opportunities were explored for shared training sites, joint senior medical appointments and specialist clinics.

People and Capability



Organisational Review and Development

The People and Capability team undertook structural, functional and cultural reviews across WDHS to identify opportunities for improving organisational design, operational effectiveness and workplace culture. The team also reviewed its own practices, frameworks and ways of working, with a focus on employee experience, engagement and service delivery.

Workplace Health, Safety and Wellbeing

Targeted investment in occupational health, safety and wellbeing systems, resources and a greater focus on proactive advice, planning and action were undertaken to support a safe and healthy workplace.

Workforce Inclusion and Diversity

WDHS began implementation of gender impact assessments across selected policies, procedures and projects, with implementation planned across the organisation. WDHS continued working with the South West Local Health Service Network (SWLHSN) to embed inclusive and diverse practices across recruitment, selection, retention and development.

Recognising our People

The Employee of the Month program continued to recognise the contribution of staff across WDHS, celebrating the diverse range of people, roles and contributions that support the delivery of health and community services.

National Centre For Farmer Health (NCFH)



'Look Over the Farm Gate' Community Grants

The NCFH continued to support farming communities through the 'Look Over the Farm Gate' grants program. A total of 311 local events received $1,182,433 in funding to support social connection, mental wellbeing and community participation.

Partnering for Impact: Farmer Health Industry Showcase

In April 2026, more than 30 current and potential partner organisations came together in Melbourne to celebrate the work of the NCFH, share its research, programs and resources, and explore opportunities for collaboration to support farmer health, wellbeing and safety.



Farmer Health Checks Across Australia

The NCFH delivered 415 health checks to farmers and agricultural workers across Australia. These assessments provided an opportunity to identify health concerns early and connect participants with appropriate follow-up care or further support where needed.

Farmer Health Research

The NCFH contributed to more than 20 research projects addressing farmer health, wellbeing and safety, including oral health, extreme weather and climate change impacts on mental health, chronic disease, and peer coaching models. New externally funded research included a $2.75m project examining a scalable model of care to support farmer health, wellbeing and safety (provided under the Medical Research Future Fund) and a $39,000 Western Alliance-funded project addressing animal vaccine needlestick injuries in humans.

Casterton Memorial Hospital (CMH)

A New Chapter with WDHS

CMH continued to deliver local health services as an independent health service throughout 2025-26, before formally merging with WDHS on 1 April 2026. The year marked an important period of transition, with CMH continuing to provide local care and services while preparing for the future.



Expanding Access to Care Closer to Home and Service Development

Specialist and allied health access continued to expand during the year. A monthly public general surgery outpatient and minor procedure clinic began in January 2026, led by WDHS General Surgeon Dr Janine Arnold, providing local patients with access to specialist surgical advice and care. Physiotherapy capacity increased, while planning progressed for additional services including specialist clinics, cervical health services and diabetes education. The introduction of the VOCERA communications system provided a more efficient way to contact the right person across the hospital.

Restoring CMH Following October 2024 Storm

Recovery and restoration works continued across CMH during 2025-26. Roof restoration works took place over June-July, and refurbishment of the damaged community health wing was completed by December 2025, allowing services to return to their usual locations.

Health Promotion, Prevention and Wellbeing in the Community

CMH continued to support health promotion and wellbeing through initiatives including the annual Colour Run/Walk with more than 330 participants, as well as Women's Health Q&A, Healthy Supermarket Tour, safeTALK suicide alertness training, community health checks and participation in local events. For example at the 2025 Casterton Pastoral & Agricultural Show, 46 health checks were completed.



Community Connection

CMH continued to create opportunities for connection and wellbeing, including the monthly Men's Lunch, the Seasons @ CMH Social Support Group, community exercise classes and a safe space for locals aged 12-25 through Youth HQ. Community partnerships also supported initiatives including family violence prevention, mental health and suicide prevention, skin cancer awareness and the distribution of winter care packages to elderly residents across the Glenelg Shire.

Community Support

Community generosity continued to support CMH services, including fundraising through the CMH Golf Day, which raised $4,000 to support Glenelg House, while donations and community support contributed to equipment and services. CMH began promoting opportunities for community members to volunteer in local services.



Voluntary Merger And Transition

Building a Stronger Organisation Together

CMH and WDHS formally merged on 1 April 2026 . The merger brought together two established rural health services with a shared commitment to providing accessible, high quality care close to home. In the first three months following the merger, work focused on supporting staff through organisational change, delivering on merger commitments and bringing together the strengths, expertise and resources of both organisations.

New WDHS Board

A new 11-member WDHS Board was appointed from 1 April 2026, bringing together directors from both WDHS and CMH to guide the organisation through the next phase of the merger. The Board brings together experience in rural health, governance and community leadership, with representation from across the communities we serve.

Governance, Community and other Highlights

South West Local Health Service Network (SWLHSN)

WDHS continued to work as part of the SWLHSN, collaborating with nearby health services to strengthen regional planning, service coordination and access to care.



The diagram illustrates the location of south-western health agencies. Characteristics include:

- 25, 000 sqkm
- Strategically dispersed services provides access and equity
- Isolated and poor roads, minimal public transport
- 4.5 hours from outer region to regional services
- Cross border community in South Australia reliant on South West Victoria.

Board and Governance

The year included significant governance change, with the final meetings of the former WDHS and CMH Boards held in March 2026 before the new merged WDHS Board began on 1 April. WDHS recognised the contribution of retiring directors and long-serving Board members.



Community Fundraising and Donations

Community fundraising continued to make a significant contribution to WDHS services. More than $402,000 was raised for a new mammogram machine for Hamilton Base Hospital, which arrived in November 2025, and has improved access to breast screening. Other fundraising supported equipment including two portable ultrasound machines, one for the Cancer and Dialysis Centre in Hamilton and another for Casterton.

Volunteer Program

During 2025-26, 166 WDHS volunteers contributed 17,046 hours across health and community services. Community transport remained the largest volunteer-supported service, with 50 volunteer drivers travelling 170,606 km and contributing more than 4000 volunteer hours. Demand increased by 20 per cent, reflecting the importance of volunteer support in helping people access healthcare across the region. Long-serving volunteers were recognised through the Victorian Public Healthcare Awards Health Volunteer Honour Roll, individual and group contributions were acknowledged through local and regional awards.

Workforce Recognition

WDHS continued to recognise the dedication and contribution of staff throughout the year, including long-serving employees across clinical, aged care, community and support services. The year also saw the introduction of the Norma Fisher Graduate Nurse of the Year Award, recognising excellence in graduate nursing and honouring the legacy of a former WDHS nurse whose career began at Hamilton Base Hospital.

Digital Solutions

The Optima Project Team received the 2026 RLDatix Award for Digital Solutions Empowering the Workforce, recognising the team's work to improve workforce management and support safer, more efficient ways of working. The award acknowledged the significant work undertaken over 12-18 months to implement Optima across WDHS.

Facilities and Infrastructure

Significant infrastructure projects progressed, including stage 3 of the Penshurst redevelopment, planning for an interim upgrade of the Hamilton Base Hospital's emergency department, and refurbishment projects at Hamilton Base Hospital, The Grange and Coleraine. The Board also approved the tender for the Hamilton Base Hospital front reception refurbishment, The Grange Residential Care front reception and office redevelopment, and the Coleraine Café transformation. WDHS also participated in the Victorian Government's Free Pads and Tampons in Public Places initiative, providing free menstruation products at participating WDHS sites.

Environmental Responsibility and Sustainability

WDHS continued its focus on environmental sustainability through the transition to electric vehicles, with four new MG5 EVs planned to replace the current three Kona EVs, together with charging infrastructure. At the Green Bean Café, the Keep Cup initiative delivered a 446 per cent increase in Keep Cup use and a 40 per cent reduction in takeaway cup use, demonstrating the impact of practical changes.

Our Story

1862
Establishment
Hamilton Base Hospital & Benevolent Asylum established to provide care for people suffering from illness and accidents and for victims of personal tragedy and social distress.

1998
Amalgamation
Amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital to form WDHS.

2000
Aged Care
Aged-care redevelopment at Hamilton campus, including construction of The Birches Residential Aged Care facility.

2005
Coleraine
Coleraine District Health Service joins WDHS.

2008
NCFH
National Centre for Farmer Health established in partnership with Deakin University.

2012
Grange Residential
Grange Residential Aged Care redevelopment works completed, including construction of new wing.

2013
Coleraine Campus & HBH Rehabilitation
The Coleraine Campus $27 million 'one stop shop' health precinct completed and Hamilton Base Hospital Rehabilitation Wing opened

2018
Cancer Care
Cancer & Dialysis Centre constructed to support local cancer and dialysis patients

2019
Birches
Refurbishment of The Birches Residential Aged Care facility

2023
Hamilton MRI
Magnetic Resonance Imaging (MRI) machine and pod located at Hamilton Base Hospital

2023
Penshurst
Completion of Stage 1 of the Penshurst campus redevelopment

1908
Establishment
Casterton Memorial Hospital established to provide care for people suffering from illness and accidents.

1911–47
Serving Through Changing Times
During an official opening by Governor Sir Dallas Brooks, severe bushfires struck the district and Hospital President Mr G. Black reportedly left his speech to drive a fire truck to the affected area.

1925
Carmichael Alms House Construction
The Carmichael Alms House was constructed, with the Carmichael name continuing today in part of the acute wing.

1971
Katie Jeffries Wing
Construction began on the new Katie Jeffries Wing. Officially opened by the Minister for Health, Hon. J. F. Rossiter in 1972 coninciding with the start of the Meals on Wheels service.

1976–79
Expanding Community Care
The Day Centre opened, the first District Nurse was appointed, five acute beds were added and a Children's Ward was established.

1981–85
Hospital Expansion
Nursing Home accommodation was created, physiotherapy moved to Russell House and the acute wing was refurbished, bringing the hospital to 49 beds.

1987
First Accrediation
The hospital successfully completed and passed its first accreditation survey.

2001
$7.15m Redevelopment
A major 24-month redevelopment delivered the 30-bed Glenelg House Residential Care Facility and upgraded acute and primary care facilities

2011
Service Areas Redeveloped
The laundry, kitchen and supporting service areas were upgraded to improve workflow, storage and office facilities

2024
Supercell Storm Damage
On 16 October, a severe supercell weather event damaged the community health wing and urgent care facilities.

2025
Merger Discussions Begin
The CMH and WDHS Boards explored a voluntary merger, supported by a period of community consultation.

2025
South West Health Network
In July, CMH became part of the South West Local Health Service Network.

2026
WDHS Merger
Merger of Western District Health Service and Casterton Memorial Hospital.

Nature and Range of Services

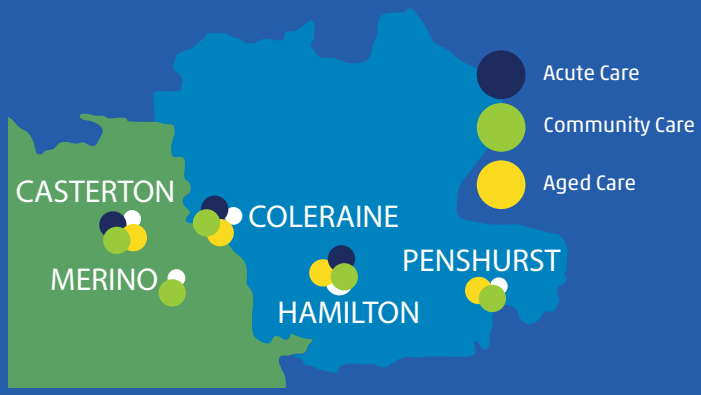
Located in Victoria's Western District, WDHS serves the Southern Grampians Shire and the northern sector of the Glenelg Shire, with a combined catchment population of approximately 19,000 people.

Our services are provided on Gunditjmara Lands, and extend across the townships and districts of Balmoral, Branxholme, Byaduk, Casterton, Cavendish, Coleraine, Digby, Dunkeld, Glenthompson, Hamilton, Merino, Penshurst and Tarrington, as well as many smaller rural communities.

We value our relationship with Winda-Mara Aboriginal Corporation.

Across this predominantly rural and geographically dispersed region, farming and agriculture form an important part of the economy and way of life. WDHS delivers a broad range of healthcare services to meet the needs of local communities. A summary of the services provided across our campuses is shown below:





Hamilton

- Hamilton Base Hospital is a 67-bed acute hospital, with an emergency department, operating theatres, intensive care, maternity services, cancer and dialysis, and education facilities.
- The Birches Residential Aged Care, is a 46-bed home providing residential aged and palliative care, as well as support for people who have dementia and special needs.
- The Grange Residential Care Service, provides 50 residential aged-care beds.
- McKellar House provides community aged-care home care packages (368 across 5 local government areas).
- The Commonwealth Home Support Program supports 400 clients.
- Hamilton House/Frances Hewett Community Centre delivers a broad range of allied health, primary care and community nursing services.
- National Centre for Farmer Health, established in partnership with Deakin University, provides leadership to improve the health, wellbeing and safety of farmers, farm workers and their families across Australia and internationally.

Casterton

- Casterton Memorial Hospital is a 15-bed acute hospital, with a 24/7 Rural Urgent Care Centre and haemodialysis, providing primary care, district nursing, allied health, visiting medical specialists and a range of health, community and support services for Casterton and the surrounding district, including Meals on Wheels, community transport, exercise groups and pathology collections.
- Glenelg House Residential Nursing Care is a 30-bed, high-care facility providing residential aged and palliative care, as well as support for residents who have complex needs.
- Seasons @ CMH Social Support Group provides social activities, community connection and support, including Commonwealth Home Support Program and Home and Community Care Program for Younger People services.
- Youth HQ is a community hub and safe space for people aged 12-25, providing local programs, skill-building workshops and social connection.

Coleraine

- Thomas Hodgetts Primary Care Centre provides medical, district nursing, allied health and community services for the Coleraine and district community.
- Ten acute beds providing acute and sub-acute care.
- Wannon Court Hostel provides permanent and respite aged-care accommodation for 39 residents.
- Valley View Nursing Home provides permanent and respite aged-care accommodation for 12 residents.
- 25 independent living units.

Merino

- Merino Community Health Centre provides primary nursing and allied health services to the Merino and surrounding communities.

Penshurst

- Providing acute and community services for the Penshurst and district community.
- Kolor Lodge provides permanent aged-care and respite accommodation for up to ten residents.
- Penshurst Nursing Home provides aged-care accommodation for 19 residents (13 until Stage 3 redevelopment is completed).
- Ten independent living units in Penshurst and Dunkeld.

Administrative Structure

BOARD OF DIRECTORS

Western District Health Service
Post-merger: *(from 1 April to 30 June 2026)*

Chairperson:
Anna Sweeney
Deputy Chairperson:
Dr Jennifer James

Andrew Bradbury
Stephen Bunce
Bruach Colliton
Jodie Cranham
Greg Hart *(until May 2026)*
Ashlyn Hiscock
Nicholas Jackson
Judith McDonald
Zoe Pope

Western District Health Service
Pre-merger: *(until 31 March 2026)*

Chairperson:
Anna Sweeney
Deputy Chairperson:
Andrew Bradbury

Stephen Bunce
Bruach Colliton
Ashlyn Hiscock
Gillian Jenkins
Judith McDonald
Zoe Pope
Greg Walcott

Casterton Memorial Hospital
Pre-merger: *(until 31 March 2026)*

Chairperson:
Dr Jennifer James *(from 17 July 2025 to 31 March 2026)*
Deputy Chairperson:
Greg Hart
(from 17 July 2025 to 31 March 2026; Chair from 1 to 16 July 2025)
Jarrod Cox
(Deputy Chair from 1 to 16 July 2025)

Jodie Cranham
Lucy Cuddihy
Kelly Griffiths
Nicholas Jackson
Jessica McIntosh
Paul Wright
(from 1 August 2025 to 20 November 2025).

COMMITTEES OF THE BOARD

Community Advisory
Board Representatives: Gillian Jenkins (Chair), Jarrod Cox, Judith McDonald, Jessica McIntosh, Zoe Pope.

Finance, Risk and Audit
Board Representatives: Andrew Bradbury (Chair), Nicholas Jackson (Chair), Stephen Bunce, Bruach Colliton, Kelly Griffiths, Greg Hart.
Independent members: Jim Bailey *(until December 2025)* and Jason Bourke.

Medical Consultative
Board Representative: Gillian Jenkins (Chair).

National Centre for Farmer Health Board of Management
Board Representative: Greg Walcott (Chair).

Quality and Safety
Board Representatives: Ashlyn Hiscock (Chair), Bruach Colliton, Jodie Craham, Lucy Cuddihy, Gillian Jenkins, Zoe Pope.

Remuneration
Board Representatives: Jennifer James (Chair), Anna Sweeney (Chair), Andrew Bradbury, Ashlyn Hiscock.

Joint Governance Steering Co:
Judy McDonald (Chair), Greg Hart, Jennifer James, Anna Sweeney.

EXECUTIVE TEAM

Western District Health Service

Post-merger: *(from 1 April to 30 June 2026)*

Chief Executive
Affiliate Professor Rowena Clift,
Deakin School of Medicine

Executive Director Finance and Corporate Services
Nicholas Starkie *BBus, MIPA DipTS (Bus)*

Chief Medical Officer
Dr Sophie Ping *BA, BSC hons, PhD, MBBS, AFRACMA, ARCPA*

Executive Director Acute Operations/Chief Nursing and Midwifery Officer
Lorraine Hedley *RN, BA Nursing (Post registration), MACN*

Executive Director Ambulatory and Community Programs/Chief Allied Health Officer
James 'Mac' McInnes *BSW, DipSW, PCHSM*

Executive Director Aged Care
Alison Richmond *Grad Dip Mgt, MBA, GAICD, J.P.*

Executive Director People and Wellbeing
Dylan Billington *BMgt(HR), CPHR*

Director National Centre for Farmer Health
Associate Professor Dr Alison Kennedy
BBSc (Honours), PostGradDipArts (Criminology), GCertHighEd, PhD

Director Clinical Governance, Risk and Improvement
Aisling Cunningham *BSc (Hons) Nurs, IA, MCN (Qual & Saf)*

Director of Nursing/Campus Manager Casterton Memorial Hospital
Kym Peter *RN, RM, CCRN, PICNC, B.Com (ECO), GCertEco&Eval, GCertHlthAdm, GCertHlthMge, GCertAdvNse, MHlthSci, MALT, MCIN*

Western District Health Service

Pre-merger: *(until 31 March 2026)*

Dual Chief Executive
Affiliate Professor Rowena Clift,
Deakin School of Medicine

Director of Corporate Services
Nicholas Starkie *BBus, MIPA DipTS (Bus)*

Chief Medical Officer
Dr Sophie Ping *BA, BSC hons, PhD, MBBS, AFRACMA, ARCPA*

Director of Nursing, Hamilton Base Hospital
Lorraine Hedley *RN, BA Nursing (Post registration), MACN*

Director of Primary and Preventative Health
James 'Mac' McInnes *BSW, DipSW, PCHSM*

Executive Director Aged Care *(from Nov 2025)*
Alison Richmond *Grad Dip Mgt, MBA, GAICD, J.P.*

Director of Aged and Home Care Services Hamilton
Katherine Armstrong *RN, BAppSci (Nursing), Grad Cert Bus Admin*

Director of Nursing/Manager Coleraine Director Aged Care Services Coleraine/ Penshurst
Bronwyn Roberts *RN, ICU Cert, Grad Cert Bus Admin MACN (until January 2026)*

Executive Director People and Wellbeing *(from Nov 2025)*
Dylan Billington *BMgt(HR), CPHR*

Director National Centre For Farmer Health
Associate Professor Dr Alison Kennedy
BBSc (Honours), PostGradDipArts (Criminology), GCertHighEd, PhD

Casterton Memorial Hospital

Pre-merger: *(until 31 March 2026)*

Dual Chief Executive
Affiliate Professor Rowena Clift,
Deakin School of Medicine

Manager of Corporate Services
Loren Hulm *Cert IV Accounting & Bookkeeping*

Manager of Nursing Services
Mary-Anne Betson *NP, RN, RM, Cert. Critical Care, Nurse Immuniser, Cert IV Training & Assessment, MNsg. MNP, FACN*

Manager People, Culture and Performance
Jodi Zylstra *GradCertHRLead*

Organisational Chart

Western District Health Service

Pre-merger: *(until 31 March 2026)*

Western District Health Service Board of Directors

Chief Executive
- Community Liaison
- People and Culture
- Quality and Risk

Director of Corporate Services
- Budget & Finance
- Payroll
- Maintenance & Stores
- Support Services
- Health Information
- Improvement & Innovation

Chief Medical Officer
- Senior Medical Staff
- Hospital Medical Officers
- Pharmacy

Director of Aged & Home Care Services Hamilton
- Aged Care Services
- Community Support Services
- The Birches
- The Grange
- Volunteer Services

Director of Nursing/Manager Coleraine; Director Aged Care Services (Coleraine/Penshurst)
- Coleraine Campus
- Merino Community Health Centre
- Penshurst Campus

Director of National Centre for Farmer Health

Director of Nursing, Hamilton Base Hospital
- Cancer & Dialysis Services/ Consulting Suite
- Clinical Access and Resource Unit
- Emergency Department
- Infection Prevention & Control
- Learning & Development
- Medical/Rehabilitation/ICU
- Public Maternity Clinic
- Sleep Centre
- Surgical/Maternity
- Theatre/CSSD

Director of Primary & Preventative Health
- Aboriginal Liaison
- Allied Health
- Community Health
- Preventative Health
- Social Support Group Services
- Youth Services

Community Nursing
- Complex Care
- Continence
- Diabetes Education
- District Nursing
- Discharge Support Services
- Men's Health
- Palliative Care
- Stomal
- Transition Care
- Women's Health
- Wound Care

Casterton Memorial Hospital

Pre-merger: *(until 31 March 2026)*

Casterton Memorial Hospital Board of Directors

Chief Executive
- Quality and Risk

Manager People, Culture and Performance
- HR matters
- Workplace Health & Safety
- WorkCover/Return to Work
- Communications & Engagement
- Performance & Analytics
- Fundraising
- Employee Wellbeing & Events
- SHRFV
- Diversity, Equity & Inclusion
- ATSI
- Learning & Development
- Volunteers (Community)

Manager Quality & Risk
- Accreditation & Audits
- Policies
- Regulatory Compliance
- Risk Management

Manager Nursing Services
- Residential Aged Care
- Acute Care
- Primary Care
- Community Health
- Community Home Nursing
- Theatre/CSSD
- Pharmacy
- Infection Prevention & Control
- Allied Health
- Clinical Education
- Ward Clerks/Health Information
- Volunteers (Clinical)

Manager Corporate Services
- Finance
- Payroll
- Contracts
- Procurement
- Accounts Payable / Receivable
- Reception
- Hotel Services
- Maintenance
- Legislative Compliance
- ICT
- Insurances

Western District Health Service

Post-merger: *(from 31 March 2026)*



Workforce Data

Code of Conduct

All team members across WDHS must abide by the Victorian Public Sector Commission of Code of Conduct, as well as WDHS Values, policies and procedures.

Workforce Data

All team members are captured and classified under appropriate workplace models and data collection activities.

Industrial Relations

There has been active participation and activities within industrial relations this financial year with several agreements under review, including the successful approval for the new Health, Allied, Managers and Administration Award.

WDHS worked collaboratively with team members, union representatives and Victorian Hospitals Industrial Assocation (VHIA) to support the negotiation process.

The People and Capability team continued to support industrial relations matters involving team members and union representatives over the past 12 months ensuring alignment with our organisational and employer obligations.

Workforce Inclusion

WDHS continues to focus on and invest in initiatives to support inclusion and diversity activities across the organisation. This year we began the implementation of gender impact assessments for some key policies, procedures and projects across the organisation with a greater focus in the coming months and years.

WDHS continues to partner with the SWLHN to support and embed positive inclusion and diversity practices across recruitment, selection, retention and development.

WDHS is committed to ensuring a welcoming and safe environment for all individuals who access services or employment.

Workforce Profile	June Current Month FTE		June YTD FTE	
Labour Category	2026	2025	2026	2025
Nursing	331.06	277.04	294.39	268.1
Administration and Clerical	138.65	115.35	123.72	113.87
Medical Support	12.28	9.79	9.65	11.67
Hotel and Allied Services	214.26	193.49	196.09	190
Medical Officers	3.8	2.89	3.2	2.3
Hospital Specialists & Medical Administration	31.08	24.02	29.51	21.66
Ancillary Staff (Allied Health)	36.75	40.67	37.24	38.6
Total	767.88	663.25	693.8	646.2

Occupational Health and Safety Statistics	25-26	24-25	23-24	22-23
The number of reported hazards/incidents for the year per 100 FTE	35	43	51	27.5%
The number of time lost standard Workcover claims for the year 100 FTE	0.138	0.155	0.15	0.4688
The average cost per Workcover claim for the year	$ 42,940	$ 52,407.	$ 10,022	$ 10,022

Occupational Violence & Aggression Statistics	25-26	24-25	23-24	22-23
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.13	Nil	Nil	Nil
Number of accepted WorkCover claims with lost time injury and an occupational violence cause per 1,000,000 hours worked	0.000432	Nil	Nil	Nil
Number of occupational violence incidents reported	435	336	209	93
Number of occupational violence incidents reported per 100 FTE	58	51	32	14.53
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	13.33%	15.17%	15.31%	9.8%

Staff, Volunteer and Community Recognition

Employees of the Month







JULY
Administration Team
Consulting Suites

AUGUST
Nathan Chanhanga
Hospital Medical Officer

SEPTEMBER
Lucinda Star
Back on Track Research Assistant, National Centre For Farmer Health

OCTOBER
Dean Jenkins
Metal Trades Assistant (Maintenance)

NOVEMBER
Michelle McGrath
Care Coordination Team Leader (Aged Care)

DECEMBER
Lorace Parsons
Nurse Unit Manager (Coleraine)

JANUARY
Jessica Fletcher & Tracey Hatherall
National Centre For Farmer Health

FEBRUARY
Rachel Clarke
Acting Nurse Unit Manager (Surgical Unit)

MARCH
Carly McArthur
Enrolled Nurse (The Grange)

APRIL
Loren Hulm
Corporate Services Officer (CMH)

MAY
Georgie Dunn
Executive Assistant (CE Office)

JUNE
Department
Central Sterile Supply Department (CSSD)

Staff Service Milestones

45 Years of service
- Sally Kinghorn
- Ian Ross *(posthumously)*

40 Years of service
- Debra Gartlan
- Tania Stubbs

35 Years of service
- Karen Sealey

30 Years of service
- Ricky Dennert
- Lee Ross

25 Years of service
- Jennifer Dunstan
- Wendy Herring
- Judith Mcleod
- Coryn Meyers
- Gary Meyers
- Michael Naylor
- Maree Russell
- Sally Stratmann
- Robyn Wilken

20 Years of service
- Nyrie Adams
- Steven Bennett
- Andrew Bowman
- Sally Casey
- Angela Cook
- Jodie Nelson
- Jane Hartwich
- Yvette Morton
- Jennifer O'Brien
- Rhianna Paton
- Melissa Schulz
- Vanessa Sheahan
- Anne-Marree Simonds
- Ruth Thomson

15 Years of service
- Catherine Argent-Rose
- Ngaire Bennett
- Bernadine Bryan
- Rachel Clarke
- Jenelle East
- Heather Elsworthy
- Bronwyn Grey
- Janine Huf
- Vipin Joseph
- Anna King
- Marguerite Mayne
- Dawn Pevitt-Holmes
- Moana Shone
- Kathy Slabbert
- Helen Stanislawski
- Emma Tanner
- Zelda Wagenaar
- Karen Williams

10 Years of service
- Lesley Bastock-Lewis
- Shane Benge
- Gaynor Bennett
- Cindy Coon
- Cecilia Fitzgerald
- Luke Frost
- Tracey Hatherell
- Elizabeth Howlett
- Paige Lawson
- Simone McRae
- Heather McNiven
- Karen Mirtschin
- Laura Murray
- Stevie Pevitt-Holmes
- Leanne Potter
- Kerrilee Reedman
- Kelsey Rhook
- Wendy Russell
- Tessa Shelton
- Jarrod Stevenson
- Emma Stubbs
- Jacqui Tierney
- Roberta Tucker
- Tahlia Turnbull



Life Governors

Aarons, B
Arthur, E
Bailey, J
Bailey, M
Barber, D
Beggs, H
Benson, C
Betson, MA
Bowman, A
Brown, M
Brumby, S
Brumby, A
Bunge, B
Clifforth, S
Coggins, G
Collins, B
Cowland, R
de Kievit, C
Dean, J
Duff, S
Edge, E
Edmonds, J
Fitzgerald, R
Fleming, D
Fletcher, J
Fraser, T
Grant, M
Gubbins, J
Gurry, AJ
Halloran, T
Heazlewood, P
Holmes, E
Hutton, T
Hutton, J
Kearney, J
Kelsh, J
Kruger, N
Lawson, V
Lovette, C
Lyon, E
Macdonald, H
McAllister, C
McKinnon, C
Milton, S
Moffatt, M
Morrison, H
Nicol, R
Northcott, J
O'Beirne, H
Robertson, M
Ross OAM, J
Runciman, P
Sandow, PL
Scaife, R
Sheppard, G
Simson, CR
Simson, KL
Stephens, O
Templeton, H
Tully, R
Turnbull, P
Walter, AM, R
Wettenhall, H
Wettenhall, M
Whiting, I
Wombwell, T









Charlie Watt Volunteer of the Month Recipients

JULY
Fran Barber
HBH Auxiliary, Ward Administration

AUGUST
Joel Roache
Meals on Wheels

SEPTEMBER
Dianne Price
WDHS OP Shop

OCTOBER
Erin Hatherell
Meals on Wheels, Coleraine

NOVEMBER
Barbara Waldron-Hunter
Meals on Wheels, Coleraine

DECEMBER
Colin Millard
Community Transport Hamilton

JANUARY
Maryanne Whale
Palliative Care

FEBRUARY
Cathy Parfrey
Aged Care, CMH

MARCH
Simon Kellond
Community Transport Hamilton

APRIL
Josie Coyle
WDHS OP Shop

MAY
Kim Chintock
Community Transport Merino

JUNE
Sue Kimpton
Aged Care, Coleraine

Diana Lawrence
Aged Care, The Grange

IAN MCKEAN COMMUNITY TRANSPORT DRIVER AWARD

Peter Menzel
Hamilton Community Transport

Our Volunteers

At Western District Health Service, we are proud to acknowledge the invaluable contributions made by our dedicated volunteers. As we reflect on the past year's achievements, we recognise the immeasurable impact they selfless individuals have on our organisation and the communities we serve.

Volunteer hours

SERVICE		Number of Volunteers	Hours	Kms
a. Community Transport	Hamilton	36	2,766	129,366
	Merino	10	676	25,226
	Coleraine	4	605	16,014
b. Meals on Wheels	Hamilton	36	2020	
	Coleraine	11	251	
c. WDHS OP Shop	Hamilton	27	6592	
d. PAGS [Social Support Group]	Hamilton/ Penshurst	6	191	
	Coleraine	4	114	
e. Aged Care	The Grange – Hamilton	11	1200	
	The Birches – Hamilton	4	345	
	Wannon Hostel Valley View	4	811	
f. Palliative Care	Hamilton	7	157	
g. Healthy Legs Club	Hamilton	1	400	
h. Ward volunteers	Administration – Hamilton	2	342	
	Theatre Buddies'	2	40	
	Visitor Access Concierge Volunteers	–	–	
i. District Nursing	District Nursing – Hamilton	1	175	
FUNDRAISING VOLUNTEERS				
j. Auxiliary	HBH Auxiliary	16	726	
k. Fundraising	Medicine Ball Committee	8	200	
	Medicine Ball On the night	55	385	
	Golf Tournament	18	85	
	Clay Shoot	1	30	
	Hamilton Pops	3	6	
	Cocktails for a Cause	15	95	
Total		**282**	**18,192**	**170,606**

Fundraising

Western District Health Service sincerely thanks the community for its incredible support throughout the 2025–26 financial year. Together, we raised $717,540 to fund vital equipment and infrastructure projects across our campuses. Your generosity and commitment help us provide the best possible care and enhance the experiences of our patients, residents, and their families. We are proud to work alongside such a dedicated community in building a healthier future for our region.

MAMMOGRAM EVENTS AND APPEALS

- Mammogram Raffle – 2,665 tickets sold, raising $40,000 thanks to our major sponsors Hamilton Mazda, BlueSun Travel, Baimbridge Antiques, Royal Mail Hotel.
- Medicine Ball – $130,420 thanks to our major sponsors Ace Radio, Finchetts, Ultrabuild, Southern Grampians Livestock & Real Estate, GPG Naturgy Group, PF Olsen, Baimbridge Antiques, Crawford River, Monivae College, BreastScreen Victoria, Anne Cass, Bendigo Radiology, Noel & Rose Howard, Craig Collins Builders, Mackkcon Homes, Iluka, Jigsaw Farms, Sinclair Wilson, Hamilton Flooring Xtra, Cogger Gurry, Skilled Nursing, Gray Puksand, Midfield Meats, LMB Livestock, Walker Earthworks TOM Signage, Little Projector Company, We Met in June.

OTHER EVENTS AND APPEALS

- Annual Appeal $35,198
- Coleraine Field & Game Charity Shoot $21,160
  Thank you to our major sponsors Southern Grampians Livestock & Real Estate, Venture Outdoor, Alexandra & Gordon Dickinson, PF Olsen, Austral Park, Vickery Bros, Finchetts, West Cuyuac.
- Golf Tournament $19,615
  Thank you to our major sponsors WDHS Hospital Op Shop, Flooring Xtra, Australian Bluegum Plantations, Iluka Resources, Anne Cass and 4Cyte Pathology.
- Cocktails for a Cause $10,460
  Thank you to our major sponsor Omni Lane.
- Hamilton Pops $2,720

AUXILIARIES AND COMMUNITY GROUPS

- Hamilton & District Aged Care Trust $31,960
- Hamilton Base Hospital Auxiliary $9,560
- Coleraine Book Shop $5,116

Gifts greater than $3,000

- Advantage Feeders
- D Bailey
- Estate of R Clausen
- CMH Golf Day
- Coleraine Book Shop
- S & A(Z) Douglass Foundation
- D Fisher
- G Habel
- Hamilton & District Aged Care Trust
- Hamilton Base Hospital Auxiliary
- Hospital Opportunity Shop
- John Russell Macpherson Fund
- L Maylor
- The Mutual Trust Foundation
- R Nickless
- Rotary Club of Hamilton
- Stanley Heath Fund
- Tabor Ladies Guild
- A de Vries









Gifts greater than $100

- Advantage Feeders
- W Agar
- St Andrew's Presbyterian Church
- M & A Archer
- T Arden
- G & C Armstrong
- G Aydon
- W Bailey
- D Bailey
- Y Barber
- J & J Barke
- C & K Baulch
- R Bennett
- J Bensch
- Bethlehem Lutheran Church Tabor
- G Black
- H Bossert
- G & B Botterill
- J Bragg
- H Brian
- C & C Brinkmann
- D & C Brooks
- Mary-Ann Brown
- J & A Brown
- R & J Brown
- A Brumby
- G & R Burger
- C Burger
- M Burger
- S Cameron
- K & M Campbell
- M Campbell & D Fisher
- Casterton Lions Club
- R Clausen
- Rotary Club of Hamilton
- G & L Coggins
- B Connolly
- P & D Cook
- J Cowland
- M & M Cox
- C Crane
- K & A Creek
- CWA Hamilton Branch (Day)
- L Dahlenburg
- A de Vries
- T Deary
- J Dempster
- C Dent
- D Douglas
- S & A(Z) Douglass Foundation
- R Duncan
- Dunkeld Sawmill Group
- J Dunn
- J Duyvestyn
- D & M Dyer
- T & L Edwards
- W Elliott
- Envirex Group Pty Ltd
- Aunty Etts Garden group
- N & Y Falkenberg
- P Faroe
- M Fenech
- M Ferguson
- W & A Ferguson
- I Field
- Finchetts
- Findex
- D Fisher
- P Fisher
- R & K Fitzgerald
- F & N Fitzgerlad
- P Fitzgerald
- P & J Forsyuth
- Freemasons Benevolent Fund
- Freemasons Hamilton Grange Lodge
- P & H Fry
- D & H Garfoot
- Estate of E & H Gartner
- N Gash
- Geelong Gentlemen's Lunch
- W Gordon
- D Gordon
- H Gough
- Grampian Wools Australia Pty Ltd
- Green And Gold Contractors
- A Gubbins
- G Habel
- S Habel
- K & E Haines
- Hamilton & District Aged Care Trust
- Hamilton Kangaroos FNC
- Hamilton Lions Club Inc.
- Hamilton Golf Club
- Hamilton & District Veterans & Vintage Car Club
- Hamilton Quilters Inc
- Hamilton T.O.W.N. Club Inc
- J Hann
- S Hards
- M Harman
- S Harris
- Hawkesdale CWA Branch
- M Hayes
- E Healy
- J Hedley
- M & P Hill
- L Hobbs
- J & S Hockey
- P Howell
- J & L Howman
- R Huf
- IGA Hamilton - Ritchies
- Ivory Print
- B Jackson
- H Jansen
- B & W Kearney
- B & E Kelly
- A Kuffer
- J & G Lawton
- J Le Souef
- G Leech
- M & R Leeming
- F Lennox
- J Lewis
- P Lewis
- A & B Linke
- N Linke
- A & S Linke
- Lutheran Homes
- K Lyons
- E Maclean
- N & M MacLean
- Makers Market
- S & D Mansbridge
- H Martin
- L Maylor
- W McDonald
- J McDonald
- D & S McFarlane
- A & J McIntosh
- J McIntyre
- D & A McNaughton
- K Moore
- H Morrison
- G Mutch
- The Mutual Trust Foundation
- D & J Nagorcka
- R Napier
- Casterton Knit & Natter Group
- R Nickless
- Northern And Yorke Landscape Board
- G Nuske
- H O'Beirne
- D Osolio
- G Palmer
- Parklands Golf Club
- J Pekin
- Penshurst Combined Churches Carols Association
- J & T Pepper
- Portland Floors
- R Ramsay
- M & V Rentsch
- R Rentsch
- C Richardson
- G Ritter
- D Robertson
- M & S Robertson
- R Robinson
- Rockfest
- L Rook
- A & R Rook
- J Samuel
- T Sandison
- A & L Schultz
- G & M Semmens
- J Skedd
- C Smith
- F & D Soulsby
- D & C Spring
- J Steele
- W & A Steele
- R Stevenson
- Tabor Ladies Guild
- Tarrington Senior Citizens Centre Inc
- C Thomas
- A & M Thomas
- B Todd
- E & J Tonissen
- M & R Tonissen
- R Tonissen
- L Toyer
- I & L Uebergang
- J Ussher
- G & M Wake
- R & J Warburton
- G Watson
- J & J Watt
- WDHS Penshurst Staff
- B Williams
- G & D Williamson
- M Willsher
- B Woodward
- J & A Wyld
- John Russell Macpherson Fund
- Stanley Heath Fund
- George Williamson Fund

Report from Executive Director Finance and Corporate Services



Operating Result

For 2025-26, WDHS achieved a modest net operating surplus of $385,000 on total revenue of $143.528m, exceeding the budgeted surplus target of $98,000.

The net operating result is the key financial performance indicator by which WDHS is measured in its annual Statement of Priorities, which is signed by both the Board Chair and the Victorian Minister for Health.

While the surplus represents a small proportion of overall revenue, it demonstrates sound financial stewardship in a constrained funding environment and provides assurance that the organisation remains on track to meet its financial sustainability objectives.

This outcome was achieved despite ongoing financial pressures across the Victorian health sector, as well as significant growth in the organisation's operational costs and service demand. Operational expenditure increased by 10.04 per cent, while patient activity levels rose by 5.51 per cent compared with last year. Cost growth was driven in part by the merger with Casterton Memorial Hospital (CMH), with its financial results incorporated into WDHS's accounts from April 2026 to June 2026, together with escalating workforce expenses, supply chain costs, and broader service delivery expenditure.

Through prudent financial management, ongoing budget monitoring, and targeted cost-containment initiatives, WDHS successfully mitigated these pressures and maintained expenditure within overall budget parameters while continuing to meet increasing demand for services over 2025-26.

The net result from transactions, which includes operating and capital income, expenditure, finance costs, and depreciation, showed a deficit of $7.038m, representing a $755,000 decrease on last year. A detailed reconciliation of the net results from transactions to the net operating result can be found on page 26.

For 2025-26, WDHS's overall net result, after accounting for other economic flows, gains/losses on financial instruments, and non-financial assets, was a deficit of $6.615 million.

At the end of the financial year, WDHS's cash and cash equivalents increased from $54.639m to $70.218 million. This balance comprises $41.262m in trust funds and $28.956m available for operational use. The $15.579m (28%) increase in cash holdings was primarily due to the inclusion of CMH's cash balance of $9.701 million at 31 March, following the merger, together with the receipt of additional refundable accommodation deposits (RADs) associated with residential aged-care services.

Another key indicator monitored by the Victorian Department of Health is the health service's adjusted asset ratio (ACAR). For the period ending 30 June, WDHS reported an ACAR of 1.17, compared with the statewide target of 0.70.

Organisational growth

In 2025-26, WDHS's total revenue increased from $130.543m to $143.528m, reflecting growth in funding and service activity.

Over the same period, total expenditure rose from $136.826m to $150.566m, driven by higher operating costs, workforce expenses, and investment in service delivery.

WDHS's patient activity target for 2025–26 was 10,077 national weighted activity units (NWAU) across acute, emergency, sub-acute, and non-admitted services. Actual activity reached 10,061 NWAU, slightly lower than target by 16 NWAU (0.16%). Despite this minor variance, activity levels remained strong. Compared with the previous financial year, WDHS delivered an additional 525.58 NWAU, representing growth of 5.51 per cent. This increase reflects sustained demand for services across the organisation and demonstrates the organisation's capacity to respond effectively to the healthcare needs of the community while maintaining high levels of service.

Community support

In 2025–26, community donations and fundraising activities generated $717,540, providing valuable support to WDHS and helping to enhance the range and quality of services available to the community.

These funds contributed significantly to infrastructure upgrades and the acquisition of new medical equipment, strengthening service capacity, improving patient care, and supporting the delivery of high quality services, health and aged care.

The continued generosity of community members, donors, and fundraising groups remains a vital component of WDHS's success. Their support enables investments in facilities, technology, and equipment that may not otherwise be achievable through government funding alone, ensuring we can continue to meet the evolving healthcare needs of the communities we serve.

Looking ahead

The financial outlook for the coming year remains particularly challenging. Funding growth under the Victorian Efficient Price Framework for health services of our size has been limited to 1.4 per cent.

This comes at a time when the organisation continues to face escalating workforce, utilities, insurance, and supply chain costs, all of which are increasing at rates higher than the growth in available funding. In addition, increased savings requirements and the absence of growth in funded patient activity targets will place further pressure on the organisation's ability to maintain a positive operating position. The combination of constrained revenue growth and ongoing cost escalation will require a continued focus on financial discipline, service efficiency, and prudent resource allocation.

To address these challenges, WDHS will maintain a strong emphasis on workforce sustainability, productivity and efficiency initiatives, service redesign opportunities, and proactive financial planning and scenario modelling. These strategies will be essential in ensuring the organisation remains financially sustainable while continuing to deliver safe, high-quality care to the community.

Strategic investment in infrastructure renewal, digital capability, and innovative models of care will be vital to meeting the changing health needs of the community, improving service accessibility, and supporting the long-term sustainability and resilience of the health service.

Reviews and study expenses

Name of review	Reason for review/ study	Terms of reference/ scope	Anticipated outcomes	Estimated cost for the year (excl GST)	Final cost if completed (excl GST)	Publicly available (Y/N) and URL
Energy Performance Contract Detailed Feasability Study	Rduce the energy consumption and greenhouse gas emissions of existing government buildings	Conduct level 2 energy audits of all buildings	"Reduce the energy consumption and greenhouse gas emissions "	$77,589.00	$77,589.00	No
Post Merger Review	Review Executive Organisation Structure	Assess current executive leadership framework	Rcommended organisational structure that supports effective leadership, strengthens governance, & enhances organisational performance.	$14,000.00	$14,000.00	No
Post Merger Review	Review Education Department	Assess the current structure, functions, resources, and service delivery model of the Education Department to ensure it effectively supports organisational priorities and workforce development needs.	Clear set of recommendations to strengthen education services, enhance staff capability development, and ensure resources are aligned with strategic objectives.	$19,575.00	$19,575.00	No

Note: (a) Table does not include reviews or studies that may be Commercial-in-Confidence or commercially sensitive, or where the release may be detrimental to government operations (e.g. by pre-empting the finalisation of policy decisions prior to their announcement by government).

Commercial-in-Confidence (CiC) Grants

Not applicable. WDHS did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2025-26.

Government Advertising Campaigns

WDHS declares a nil report for the 2025-26 financial year, as no government advertising activities or campaigns triggered the disclosure threshold of $100,000 in expenditure.

Year In Brief

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result	**385**	**150**	**(5,041)**	**105**	**508**
Total revenue	143,528	130,543	118,405	114,419	101,838
Total expenditure	(150,566)	(136,826)	(127,382)	(116,120)	(105,640)
Net result from transactions	(7,038)	(6,283)	(8,977)	(1,701)	(3,802)
Total other economic flows	423	110	555	79	(192)
Net result	(6,615)	(6,173)	(8,422)	(1,622)	(3,994)
Total assets	274,488	242,066	242,132	216,622	213,555
Total liabilities	(79,684)	(66,792)	(60,685)	(55,544)	(50,753)
Net assets / Total equity	194,804	175,274	181,447	161,078	162,802

Reconciliation between the net result from transactions reported in the model to the operating result as agreed in the Statement of Priorities.

	2026 $000	2025 $000	2024 $000	2023 $000	2022 $000
Operating Result *	**385**	**150**	**(5,041)**	**105**	**508**
Capital and specific items					
Capital purpose income	4,537	4,588	5,354	6,546	2,739
Specific income					
Assets provided free of charge	29	253	106	527	1,114
Assets received free of charge					
Expenditure for capital purpose	(29)	(126)	(57)	(191)	(187)
Depreciation and amortisation	(12,130)	(11,598)	(8,609)	(8,235)	(8,153)
Impairment of non-financial assets					
Finance costs	(220)	(166)	(103)		(5)
Other	390	616	(627)	(453)	182
Net result from transactions	**(7,038)**	**(6,283)**	**(8,977)**	**(1,701)**	**(3,802)**

* The net operating result is the result for which the health service is monitored against in its Statement of Priorities.

ICT Expenditure

In 2025-26, WDHS had a total information and communication technology expenditure of 3,154,282.08, with the details shown below.

All operational ICT expenditure		**ICT expenditure related to projects to create or enhance ICT capabilities**	
Business As Usual (BAU) ICT Expenditure Total (excluding GST)	**Non Business As Usual (Non - BAU) ICT Expenditure** Total = Operational expenditure& capital expenditure (excluding GST)	**Operational Expenditure** (excluding GST)	**Capital Expenditure** (excluding GST)
$2,930,201	$428,742	$224,081	$204,661

Consultancies

In 2025-26, there were three consultancies where the total fees payable to the consultants were $10,000. The total expenditure incurred within the period relating to these consultancies was $17,949.15 (excluding GST). In 2025-26, there were six consultancies where the total consultant fees payable were $10,000 or greater. Total expenditure incurred during this period for these consultancies was $214,559 (excluding GST). For details of consultancies over $10,000, refer to the table below.

Consultancies > $10,000

Consultant	Purpose of Consultancy	Start Date	End Date	Total Approved Project Fee (excluding GST)	Expenditure 2025-26 (excluding GST)	Future Expenditure (excluding GST)
Boroko Consulting Pty Ltd	Merger Project Support	1/07/2025	30/04/2026	85,000	85,000	
Stewart Brown	Support at Home Price Review	1/07/2025	31/03/2026	18,600	18,600	
Stokes Perna Building Compliance	DFFH 5 Yearly audits	1/06/2025	31/07/2025	12,600	12,600	
Kelloway Lonsdale Pty Ltd	Merger Project Support	1/07/2025	30/04/2026	50,188	50,188	
Power Solutions Dtd Pty Ltd	VCDC Costing Services	1/07/2025	30/06/2026	22,500	22,500	
Impact Collaborative Pty/Ltd	Strategic Plan Development	1/06/2026	31/12/2026	25,672	25,672	52,879
Total				**214,559**	**214,559**	**52,879**



Social Procurement

Over the past year, Western District Health Service (WDHS) has strengthened its commitment to social procurement and cultural inclusion through the development of a request for quotation (RFQ) process to source First Nations inspired lanyards for all staff.

As part of this initiative, WDHS sought to engage a local Aboriginal artist to create a unique design that reflects the rich cultural heritage of our region and our commitment to fostering a culturally safe and welcoming environment for patients, residents, visitors and staff.

The project aligns with the Victorian Government's social procurement framework by creating opportunities for Aboriginal businesses and artists to participate in organisational procurement activities, ensuring that spending delivers broader social, cultural and economic benefits for the community.

Throughout the RFQ process, WDHS has prioritised engagement with local Traditional Owner groups and Aboriginal artists, including exploring opportunities with Gunditjmara artists to develop an authentic and meaningful design that represents connection, community, health and wellbeing.

This initiative will deliver a range of positive outcomes, including:

- Supporting Aboriginal economic participation through procurement opportunities
- Showcasing local Aboriginal artwork and culture across our organisation
- Strengthening relationships with Traditional Owner groups and local Aboriginal communities
- Promoting cultural awareness and inclusion among staff, patients, residents and visitors
- Embedding social procurement principles into everyday business practices.

By incorporating locally designed Aboriginal artwork into staff lanyards, WDHS is demonstrating its commitment to reconciliation, cultural respect and community partnership. The project reflects our ongoing efforts to ensure procurement decisions contribute to positive social outcomes while celebrating the diverse cultural heritage of the region.

WDHS will continue to expand opportunities for Aboriginal businesses, artists and suppliers through future procurement activities, helping to build stronger community connections and lasting social value.

Social Procurement Framework (SPF)

Objective	Outcome	2025-26 Metrics	WDHS	CMH
Opportunities for Victorian Aboriginal People	Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged	1	Nil
		Total expenditure with Victorian Aboriginal businesses (excl. GST)	$17,642.77	$0
Opportunities for Victorians with disability	Purchasing from Victorian Social Enterprises led by a mission for people with disability and Australian Disability Enterprises	Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged	1	Nil
		Total expenditure with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged (excl GST)	$71,948.72	$0
Opportunities for Victorian priority jobseekers	Purchasing from Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	Number of Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	1	1
		Total expenditure with Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	$316,860.88	$41,701.34
Sustainable Victorian social enterprises and Aboriginal businesses	Purchasing from Victorian social enterprises and Aboriginal businesses.	Number of Victorian social enterprises engaged	2	1
		Total expenditure with Victorian social eEnterprises (excl GST)	$324,809.60	$41,701.34
		Number of Victorian Aboriginal businesses engaged.	1	Nil
			$17,642.77	$0

Management Accountability Framework

The following sections summarise WDHS assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements.

These requirements can be found on the DTF website (https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework).

The WDHS target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.

Operation
(requirements 26-40)

WDHS has met or exceeded its target maturity level under most requirements within this category. WDHS did not comply with some requirements in the areas of monitoring and preventative action and information management. Monitoring and preventative action is an area of material non-compliance. WDHS is developing a plan for improvement to establish processes to proactively identify potential asset performance failures and identify options for preventive action.

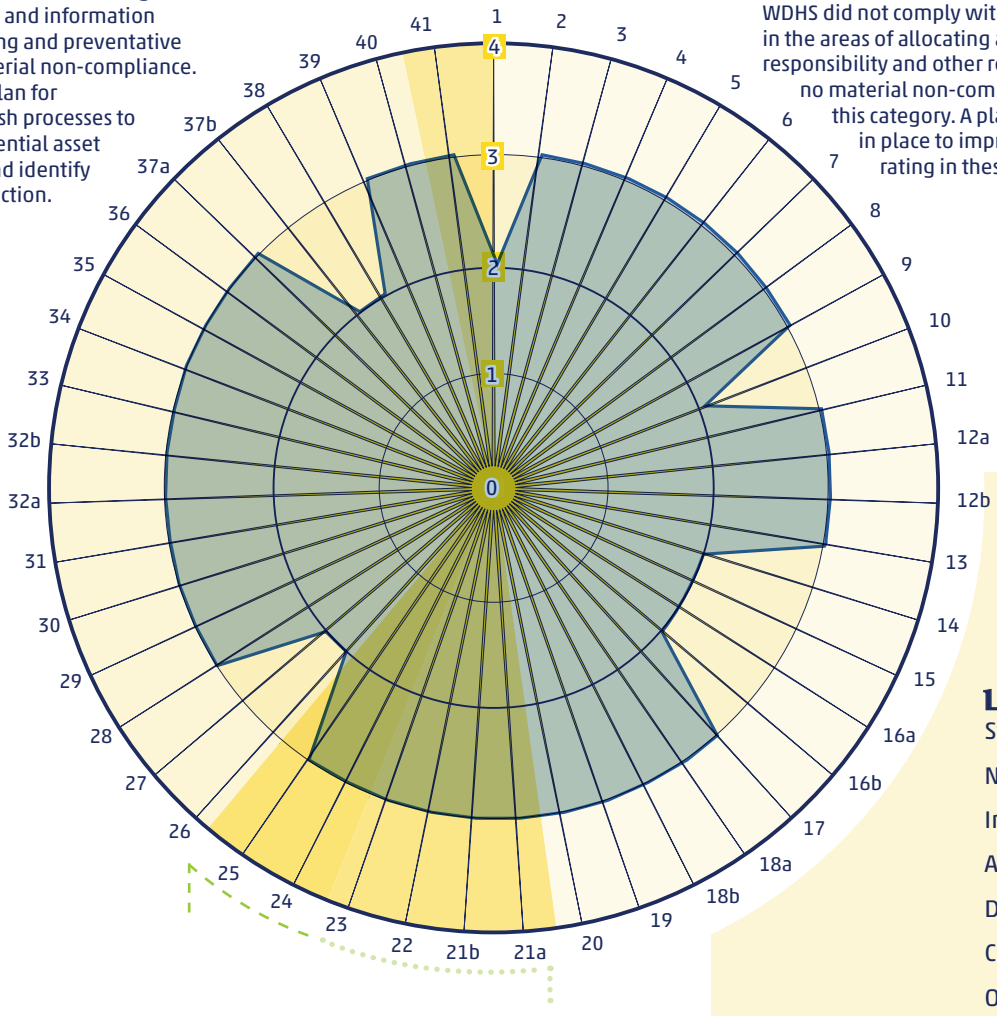
Disposal
(requirement 41)

WDHS has met its target maturity level in this category.

Leadership and Accountability
(requirements 1-19)

WDHS has met or exceeded its target maturity level under most requirements within this category.

WDHS did not comply with some requirements in the areas of allocating asset management responsibility and other requirement. There is no material non-compliance reported in this category. A plan for improvement is in place to improve WDHS's maturity rating in these areas.



Legend

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

Acquisition
(requirements 24 and 25)

WDHS has met or exceeded its target maturity level in this category.

Planning
(requirements 20-23)

WDHS has met or exceeded its target maturity level in this category.

Statement of Priorities

PART A: DELIVERABLES

In 2025–26, Western District Health Service achieved the following outcomes against the State Government's strategic priorities:

INNOVATE AND IMPROVE ACCESS AND CARE

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

Goal

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

Health Service Deliverables

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

Achievements/Outcome

Status: Achieved

WDHS has implemented the Victorian Clinical Governance Framework to ensure delivery of high quality care. We have an active Consumer Advisory Group that has been participating in improvement projects, and design and development of facilities. The resident and carer meetings across our campuses provide opportunities for feedback and improvement. WDHS is an active participant in the Safer Together Program. The WDHS Learning Management System has been redesigned post-merger with improvements to mandatory and level-two training reporting.

Goal

Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.

Health Service Deliverables

- Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.

Achievements/Outcome

Status: Achieved

WDHS introduced a new patient flow and escalation procedure to help ensure patients receive timely care and that hospital services can respond effectively during periods of increased demand. The procedure is supported by daily hospital-wide meetings and a capacity dashboard that monitors patient demand, bed availability and staffing. These processes helped maintain efficient patient flow and timely ambulance handovers, with no significant ambulance transfer delays during the reporting period.

Goal

Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.

Health Service Deliverables

- 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.
- Proactively manage planned surgery and specialist clinics (or outpatient) 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).

Achievements/Outcome

Status: Achieved

WDHS will begin implementing the Specialist Clinics Reform Blueprint. The team will work closely with the Planned Surgery Reform Blueprint team to ensure that a consistent approach to both reforms is undertaken. As part of the reforms, audit of waitlists for specialist clinics will take place.

In June 2026, WDHS appointed a Planned Surgery Coordinator to enhance oversight and coordination of the planned surgery journey, including waitlist management, patient scheduling, and theatre utilisation. This role will support improved waitlist oversight, patient flow, and access to planned surgery services.

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

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

Goal

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

Health Service Deliverables

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

Achievements/Outcome

Status: Ongoing

WDHS has reported a surplus budget 2025-26, which demonstrates strong financial stewardship. Development of improved data reporting systems continues to ensure real-time data provision to management and Board.

Planned activity has continued to improve as medical workforce and supporting services are introduced. Review of back-of-house functions such as recruitment have reduced duplication and increased efficiency. WDHS continues to work with SWLHSN health services on opportunities for shared services.

A STRONGER WORKFORCE

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

Goal

Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.

Health Service Deliverables

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

Achievements/Outcome

Status: Ongoing

WDHS continues to strengthen its workforce through targeted investment in professional development, workforce capability, and attraction and retention initiatives.

A key priority for 2025-26 has been the proactive identification of workforce needs, strategic workforce planning, and capability development, with a focus on building a sustainable and resilient workforce.

WDHS remains committed to fostering a safe and supportive working environment, ensuring compliance with evolving legislative requirements, and positioning the organisation as an employer of choice.

IMPROVING ABORIGINAL HEALTH AND WELLBEING

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

Goal

Enhance delivery and access to culturally safe services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.

Health Service Deliverables

- Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.
- 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.
- Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.

Achievements/Outcome

Status: Ongoing

WDHS will continue to work towards strengthening our partnership with Winda-Mara Aboriginal Corporation. There is an Memorandum of Understanding in place, and several services are provided by WDHS staff at the local centre to ensure that services are provided to the community in a culturally safe location. WDHS will continue to work with Winda-Mara and the local radiology provider to ensure that radiology services are provided to community members with no out-of-pocket costs to improve access and better health outcomes. WDHS will work in partnership with both Winda-Mara, as well as our network partner, South West Healthcare in supporting the new role of Cancer Care ALO.

MOVING FROM COMPETITION TO COLLABORATION

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

Goal

Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care, and more sustainable healthcare delivery.

Health Service Deliverables

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).

Achievements/Outcome

Status: Ongoing

WDHS has begun formal collaboration with other services across the SWLHSN with respect to the Residential In-Reach (RIR) program. In addition, WDHS is working across network to strengthen a consistent approach to credentialling.

PART B: KEY 2025-26 PERFORMANCE PRIORITIES*

High quality & safe care

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Percentage of healthcare workers immunised for influenza	94%	99%
Continuing Care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	7.84
Adverse Events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	Met
Aged Care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Met
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	98.4%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	2%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	3%

Strong governance, leadership and culture

KEY PERFORMANCE INDICATOR	TARGET	RESULT
People matter survey – percentage of staff with an overall positive response to safety culture survey questions	80%	67%

Timely access to care

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	Hamilton: >= 80%	99%
Number of emergency patients with a length of stay (LOS) in the ED greater than 24 hours	Zero	Zero
Average ED length of stay (LOS) for admitted patients, in minutes	Avg LOS <414 minutes or, if not met, a 5% improvement from the same time last year	280
Average ED length of stay (LOS) for non-admitted patients, in minutes	Avg LOS <240 minutes or, if not met, a 3% improvement from the same time last year	147
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	92.9%
Home Based Care		
Percentage of admitted bed days delivered at home	5.4%	8.8%

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

Effective financial management		
KEY PERFORMANCE INDICATOR	**TARGET**	**RESULT**
People matter survey – percentage of staff with an overall positive response to safety culture survey questions	80%	67%
Operating result ($M)	0.00	0.385
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	1.17
Variance between forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved?

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

PART C: ACTIVITY AND FUNDING*

FUNDING TYPE	ACTIVITY ACHIEVED
Effective financial management	
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	9,918
Acute Admitted	
Acute admitted DVA	37
Acute admitted TAC	(4)
Subacute/Non–Acute, Admitted & Non–admitted	
Subacute – DVA	65
Transition care – bed days	1,094
Transition care – home days	1,468
Aged Care	
Residential aged care	61,110
HACC	9,857
Mental Health and Drug Services	
Mental health residential	1,096
Primary Health	
Community health/primary care programs	4,383
Small Rural	
Small rural acute	261



PART A: DELIVERABLES

In 2025-26, Casterton Memorial Hospital achieved the following outcomes against the State Government's strategic priorities:

INNOVATE AND IMPROVE ACCESS AND CARE

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

Goal

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

Health Service Deliverables

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

Achievements/Outcome

Status: Achieved

- Consumer feedback and engagement informed quality improvement initiatives and service delivery enhancements.
- Clinical governance, reporting and review systems supported transparent decision-making and a strong culture of quality and safety.
- Staff training, performance development and continuous improvement programs were maintained to support accountability and high-quality care.

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

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

Goal

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

Health Service Deliverables

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

Achievements/Outcome

Status: Achieved

- Delivered a Budget Action Plan within State Government parameters, supporting the organisation's financial sustainability objectives.
- Leveraged performance data and analytics to identify efficiencies, inform decision-making and improve operational performance.
- Optimised the use of available funding to support patient-facing services, improve service efficiency, enhance capacity and reduce waiting times.

A STRONGER WORKFORCE

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

Goal

Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.

Health Service Deliverables

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

Achievements/Outcome

Status: Achieved

- Continued implementation of workforce strategies that enhanced employee experience, workforce retention, leadership capability, workplace safety, flexibility and career development opportunities.
- Progressed gender equality obligations and workforce initiatives that support a sustainable and inclusive workforce.
- Enhanced workforce data analytics and reporting to inform strategic workforce planning and evidence-based decision-making.

IMPROVING ABORIGINAL HEALTH AND WELLBEING

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

Goal

Enhance delivery and access to culturally safe services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.

Health Service Deliverables

- Deliver high quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.
- 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.
- Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.

Achievements/Outcome

Status: Achieved

- Delivered Aboriginal-led cultural safety training to executives and staff, strengthening organisational capability to provide culturally safe care.
- Enhanced partnerships with Aboriginal community-controlled organisations and Aboriginal leaders to ensure Aboriginal perspectives informed service design and delivery.
- Strengthened identification, discharge and referral processes to improve care coordination and access to culturally appropriate services for Aboriginal and Torres Strait Islander consumers.

MOVING FROM COMPETITION TO COLLABORATION

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

Goal

Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high quality care, and more sustainable healthcare delivery.

Health Service Deliverables

- 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).

Achievements/Outcome

Status: Achieved

- Successfully delivered commitments under the Local Health Service Network Statement of Expectations, working collaboratively with network partners to improve access and equity, strengthen workforce capability, support safety and quality initiatives, and identify opportunities for shared services and sustainable healthcare delivery.

PART B: KEY 2025-26 PERFORMANCE PRIORITIES*

High quality & safe care

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Percentage of healthcare workers immunised for influenza	94%	100%
Continuing Care		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	Met
Adverse Events		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Met
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	NA**
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	Met

** Due to the relative size of the Health Service.

Strong governance, leadership and culture

KEY PERFORMANCE INDICATOR	TARGET	RESULT
Percentage of staff with an overall positive response to safety culture survey questions in People Matter Survey	80%	80%

Effective financial management

KEY PERFORMANCE INDICATOR	TARGET	RESULT

* Following merger on 1 April 20266 the CMH financial result has been consolidated into the WDHS end of year financial result.

PART C: ACTIVITY AND FUNDING*

FUNDING TYPE	ACTIVITY ACHIEVEMENT
Small Rural	
Small rural acute	235.94
Small rural primary health & HACC	414 hours
Small rural residential care	10,902 days
Small rural health workforce	34 students
Small rural other specified funding	(budget 326)

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

Disclosures Required Under Legislation

Additional Information Available on Request

In accordance with FRD 22 and the *Financial Management Act 1994*, health services must include the following statement in the Report of Operations.

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

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

(a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;

(b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;

(c) details of publications produced by the entity about itself, and how these can be obtained;

(d) details of changes in prices, fees, charges, rates, and levies charged by the entity;

(e) details of any major external reviews carried out on the entity;

(f) details of major research and development activities undertaken by the entity;

(g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

(h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;

(i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

(j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;

(k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and

(l) details of all consultancies and contractors including:

(i) consultants/contractors engaged;

(ii) services provided; and

(iii) expenditure committed to for each engagement

This information is available on request from:
Email: ceo@wdhs.net
Phone: (03) 5551 8512

Building Act (1993)

All building works have been designed in accordance with DHHS Capital Development Guidelines and comply with the *Building Act 1993,* Building Regulations 2006 and Building Code of Australia relevant at the time of the works.

Infrastructure Projects

- Education Centre Fan Coil Unit Replacement (November 2025)
- New Mammogram Machine installation (September 2025)
- Upgrade Body Protection Rooms in Medical Ward (March 2026)
- Morgue Shelving Upgrade (April 2026)
- Continuation of the Penshurst Redevelopment (June 2026)

Building Compliance

- Sub-Acute Cladding Replacement building permit (issued June 2025)

Carers Recognition Act (2012)

The *Carers Recognition Act 2012* recognises, promotes and values the role of people in care relationships. WDHS understands the different needs of people in care relationships and that care relationships bring benefits to the patients, their carers and to the community.

The 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 (e.g. distributing printed material about the Act at community events or service points; providing links to State Government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act (e.g. developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act; developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care)
- implementing priority actions in Recognising and supporting Victoria's carers: Victorian carer strategy 2025-35.

Freedom of Information Act (1982)

During 2025-26, Western District Health Service received 154 FOI applications. All were from members of the general public.

WDHS made 154 FOI decisions during the 12 months ended 30 June 2026. There were 154 decisions made within the statutory time periods. No decisions were made outside the timeframe.

Of the decisions made, 142 were granted access to documents in full, 3 were withdrawn, 2 did not proceed and 7 had no documents.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was nil.

Local Jobs First Act (2003)

WDHS complies with the *Local Jobs Act 2003*. Administered by the Victorian Industry Participation Policy (VIPP), this supports Victorian businesses and workers by ensuring that small and medium size enterprises (SMEs) are given a full and fair opportunity to compete for both large and small government contracts, helping to create job opportunities, including for apprentices, trainees and cadets.

1. The number and total value of contracts commenced and/or completed in the financial year to which the VIPP plan was required:

   WDHS completed a Local Jobs First (LJF) Industry Capability Network (ICN) Contestability Assessment for two projects in FY 2021-22 and one contract has commenced with a total value of $2.13m.

2. The number and percentage of 'local content' committed under contracts that commenced in the reporting period where a VIPP plan was not required (due to nil or limited contestability):

   Nil to report

3. The number of small and medium sized businesses engaged as either the principal contractor or as part of the supply chain:

   The total number of small and medium sized businesses engaged: 12.

4. The percentage of 'local content' committed under contracts that commenced and/or completed in the reporting period to which a VIPP Plan was required split by projects:

   State-wide based: 55.8%

5. For contracts commenced, a statement of total VIPP plan commitments (local content, employment, engagement of apprentices/trainees and skills/technology transfer outcomes) achieved as a result of these contracts:

   Total Employment Commitment for project: 2.71 Annualised Employee Equivalent (AEE), consisting of 1.47 Retained AEE and 1.24 Created.

6. For contracts completed, a statement of total VIPP plan outcomes (local content, employment, engagement of apprentices/trainees and skills/technology transfer outcomes) achieved as a result of these contracts.

   Nil Contracts completed for final plan outcome to be reported.

Public Interest Disclosure Act (2012)

WDHS has in place appropriate procedures for disclosure in accordance with the *Public Interest Disclosure Act 2012*. No public interest disclosures were made under the Act in 2025-26. Disclosures of improper conduct or detrimental action can be made to the WDHS Chief Executive or Public Interest Disclosure Coordinator or to IBAC. Disclosures by a person who is a member, officer or employee of WDHS can also be made to the aforementioned persons. WDHS staff members may also make a disclosure to their manager or supervisor, or the manager or supervisor of the person who is the subject of the disclosure.

Contact details for the CEO and the Public Interest Disclosure Coordinator are as follows:

- WDHS Chief Executive
  PO Box 283
  HAMILTON VIC 3300
  Phone (03) 5551 8215

- Public Interest Disclosure Coordinator
  Nicholas Starkie
  Executive Director Finance & Corporate Services
  PO Box 283
  HAMILTON VIC 3300

  Phone: (03) 5551 8213
  Email: nicholas.starkie@wdhs.net

A disclosure that relates to a Board Member must be made to IBAC or the Victorian Ombudsman. Disclosures relating to the Chief Executive ideally should be made to IBAC.

- Independent Broad-based Anti-Corruption Commission (IBAC)
  GPO Box 24234
  Melbourne Vic 3000
  Level 1, 459 Collins Street (North Tower)Melbourne Vic 3000

  Website: www.ibac.vic.gov.au

  Phone: 1300 735 135

- The Ombudsman Victoria
  Level 9, 459 Collins Street (North Tower)
  Melbourne Vic 3000
  (DX 210174)

  Internet: www.ombudsman.vic.gov.au

  Email: ombudvic@ombudsman.vic.gov.au

  Phone: 9613 6222

  Toll Free: 1800 806 314

National Competition Policy

All competitive neutrality requirements were met in accordance with government costing policies for public hospitals.

Safe Patient Care Act (2015)

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

Environmental Performance

Health services across Australia have a significant environmental impact due to demands for energy and the production of clinical and other waste. WDHS continues to improve the sustainability of operations across all campuses. Guided by the *WDHS Environmental Management Plan (2025-28),* we continue to achieve measurable improvements in waste reduction, resource efficiency, and environmental stewardship across our operations.

Significant gains have been made in the areas of energy usage, minimisation of resources and reduction of waste. A detailed facility study has been carried out to identify works required to fully electrify the heating and domestic hot water systems at campuses where high-cost gas (natural gas and LPG) is currently in use. Lighting, kitchen and other upgrades to reduce energy use will also be undertaken. Preparation for the electrification of the vehicle fleet continues with works soon to start on installation of additional Type 2 AC chargers. More electric vehicles will be added to WDHS's fleet, as existing fuelled vehicles reach their lease expiry date. A water monitoring system will be commissioned to provide real-time notification of significant leaks or changes in water use at the Hamilton, Coleraine and Penshurst facilities. A new waste training module has been included in the induction system to assist staff with correct separation of waste for recycling. A consultant has been selected to manage the upcoming energy performance contract.

Western District Health values and acknowledges the ongoing commitment and engagement of staff in helping to minimise the environmental footprint of our services.

General notes

1. Information in this report is sourced from data provided by retailers and in some cases data manually uploaded by health services into Eden Suite. Data has not been externally validated. All annual values represent a year ending 30 June.
2. Emissions are calculated using the carbon factors for the year in which the emissions were generated. For health services provided with energy (electricity and steam) under the co-generation ESA (energy services agreement) carbon factors provided by the energy retailer are used.
3. Electricity consumption values exclude line losses; some energy retailers include losses in reported values.
4. Occupied bed days (OBD) include both inpatient and aged care data, unless stated otherwise.

ENVIRONMENTAL REPORT

	2025-26	2024-25	2023-24	Notes
GREENHOUSE GAS EMISSIONS				
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)				
Carbon Dioxide	1,658.07	1,314.52	1,623.62	
Methane	3.07	2.54	3.02	
Nitrous Oxide	1.95	1.1	1.92	
Total	**1,663.09**	**1,318.16**	**1,628.55**	
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**1,462.75**	**1,262.75**	**1,428.7**	
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**200.34**	**55.4**	**199.86**	
Medical/Refrigerant gases				
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**1,663.09**	**1,318.16**	**1,628.55**	
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)				
Electricity	2,302.06	2,124.69	2,037.75	
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**2,302.06**	**2,124.69**	**2,037.75**	
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)				
Commercial air travel		3.90		
Waste emissions (WR5)	220.09	220.09	220.77	
Indirect emissions from stationary energy	462.19	402.46	398.61	
Indirect emissions from transport energy	51.20	14.88	50.61	
Paper emissions				
Water emissions	68.48	72.80	69.57	
Any other Scope 3 emissions	0.00	0.00	0.00	
Total Scope 3 greenhouse gas emissions (t CO2-e)	**801.97**	**714.13**	**739.55**	
G(Opt) Net greenhouse gas emissions (t CO2-e)				
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	4,767.12	4,156.97	4,405.86	
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.06	0.05	0.06	
Carbon neutral electricity	0.00	0.00	0.00	
Green power electricity	0.00	0.00	0.00	
Purchased LGCs	-2,765.87	0.00	0.00	
Any Reduction Measures Offsets purchased (EL4-related)	**-2,765.87**	**0.00**	**0.00**	
Any Offsets purchased	**-2,765.87**			
Net greenhouse gas emissions (t CO2-e)	**2,001.26**	**4,156.97**	**4,405.86**	
ELECTRICITY USE				
EL1 Total electricity consumption segmented by source (MWh)				
Purchased	3,462.12	3,213.56	3,098.20	
Self-generated	684.59	750.40	724.52	
EL1 Total electricity consumption (MWh)	**4,146.70**	**3,963.96**	**3,822.72**	
EL2 On site-electricity generated (MWh) segmented by:				
Consumption behind-the-meter				
Solar electricity	684.59	750.40	724.52	
Total Consumption behind-the-meter (MWh)	**684.59**	**750.40**	**724.52**	
Exports				
Solar electricity	22.43			
Total Electricity exported (MWh)	**22.43**			
EL2 Total On site-electricity generated (MWh)	**707.01**	**750.40**	**724.52**	
EL3 On-site installed generation capacity (kW converted to MW) segmented by:				
Diesel generator	1.53	1.53	1.53	
Solar system	0.39	0.39	0.39	
EL3 Total On-site installed generation capacity (MW)	**1.92**	**1.92**	**1.92**	

ENVIRONMENTAL REPORT	2025-26	2024-25	2023-24	Notes
EL4 Total electricity offsets segmented by offset type (MWh)				
LGCs voluntarily retired on the entity's behalf	3,006.38			
RPP (Renewable Power Percentage in the grid)	620.07	587.91	581.22	
EL4 Total electricity offsets (MWh)	**3,462.12**	**587.91**	**581.22**	EL4 Total value capped to EL1 Purchased value

STATIONARY ENERGY

F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)				
Natural gas	25,581,570.20	23,243,169.20	24,983,538.20	
LPG	2,206,212.00	934,554.90	2,331,578.70	
Diesel	154,396.10	119,660.00		
F1 Total fuels used in buildings (MJ)	**27,942,178.30**	**24,297,384.10**	**27,315,116.90**	
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)				
Natural gas	1,318.22	1,197.72	1,287.40	
LPG	133.70	56.63	141.29	
Diesel	10.84	8.40		
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**1,462.75**	**1,262.75**	**1,428.70**	

TRANSPORTATION ENERGY

T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)				
Non-executive fleet – gasoline	2,524,199.40	715,043.60	2,561,142.50	
Petrol	**2,524,199.40**	**715,043.60**	**2,561,142.50**	
Non-emergency transport (Health service operated) - diesel			0.00	
Non-executive fleet – diesel	421,134.10	100,163.10	378,847.60	
Diesel	**421,134.10**	**100,163.10**	**378,847.60**	
Electricity for road vehicles from Victorian Government facilities	20,052.50	33,923.60		
Electricity (transport energy)	**20,052.50**	**33,923.60**		
Total energy used in transportation (vehicle fleet) (MJ)	**2,965,386.00**	**849,130.30**	**2,939,990.10**	
T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category				Not reported by Eden Suite
T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (t CO2-e)				
Non-executive fleet – gasoline	170.69	48.35	173.18	
Petrol	**170.69**	**48.35**	**173.18**	
Non-emergency transport (health service operated) – diesel			0.00	
Non-executive fleet – diesel	29.65	7.05	26.67	
Diesel	**29.65**	**7.05**	**26.67**	
Electricity for road vehicles from Victorian Government facilities	3.70	6.23		
Electricity (transport energy)	**3.70**	**6.23**		
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**204.04**	**61.64**	**199.86**	
T4 Total distance travelled by commercial air travel (passenger km travelled for business purposes by entity staff on commercial or charter aircraft)				
Total distance travelled by commercial air travel		17,360.00		
T(opt1) Total vehicle travel associated with entity operations (1,000 km)				
Total vehicle travel associated with entity operations (1,000 km)				
T(opt2) Greenhouse gas emissions from vehicle fleet (t CO2-e per 1,000 km)				
t CO2-e per 1,000 km				

ENVIRONMENTAL REPORT

	2025-26	2024-25	2023-24	Notes
TOTAL ENERGY USE				
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ) Includes electricity used in transport energy				
Total energy usage from stationary fuels (F1) (MJ)	27,942,178.30	24,297,384.10	27,315,116.90	
Total energy usage from transport (T1) (MJ)	2,965,386.00	849,130.30	2,939,990.10	
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**30,907,564.30**	**25,146,514.40**	**30,255,107.00**	
E2 Total energy usage from electricity (MJ) Includes electricity used in transport energy				
Total energy usage from electricity (MJ)	14,928,136.74	14,270,256.48	13,761,803.90	
E3 Total energy usage segmented by renewable and non-renewable sources (MJ) E3 Renewable value capped to EL1 Purchased value (consumed-behind-meter is never capped)				
Renewable	14,928,136.60	4,817,943.31	4,700,684.67	
Non-renewable (E1 + E2 - E3 Renewable)	30,887,511.94	34,564,903.97	39,316,226.23	
E4 Units of stationary energy used normalised: (F1+E2)/normaliser				
Energy per unit of aged care OBD (MJ/Aged Care OBD)	747.26	683.73	759.68	
Energy per unit of LOS (MJ/LOS)	2,032.06	1,862.09	2,126.24	
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	546.35	500.10	559.71	
Energy per unit of separations (MJ/separations)	4,563.58	4,247.07	4,793.67	
Energy per unit of floor space (MJ/m2)	1,744.26	1,569.19	1,671.29	
SUSTAINABLE BUILDINGS AND INFRASTRUCTURE				
B1 Discuss how environmentally sustainable design (ESD) is incorporated into newly completed entity-owned buildings				Not reported by Eden Suite
B2 Discuss how new entity leases meet the requirement to preference higher-rated office buildings and those with a Green Lease Schedule				Not reported by Eden Suite
B3 NABERS Energy (National Australian Built Environment Rating system) ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs (itemised)				Not reported by Eden Suite
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				Not reported by Eden Suite
NABERS Energy				
B5 Environmental performance ratings achieved for Entity-owned assets portfolio segmented by rating scheme and building, facility, or infrastructure type, where these ratings have been conducted				Not reported by Eden Suite
Rating scheme				
SUSTAINABLE PROCUREMENT				
WATER USE				
W1 Total units of metered water consumed by water source (kL)				
Potable water (kL)	48,819.94	44,506.52	41,456.20	
Total units of water consumed (kL)	**48,819.94**	**44,506.52**	**41,456.20**	
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)	0.85	0.79	0.77	
Water per unit of LOS (kL/LOS)	2.31	2.15	2.15	
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.62	0.58	0.56	
Water per unit of separations (kL/separations)	5.20	4.90	4.84	
Water per unit of floor space (kL/m2)	1.99	1.81	1.69	
WASTE AND RECYCLING				
WR1 Total units of waste disposed of by waste stream and disposal method (kg)				
Landfill (total)				
General waste – compactors	146,998.17	146,998.17	147,463.00	
Offsite treatment				
Clinical waste – incinerated	1,091.18	1,091.18	1,094.04	
Clinical waste – sharps	504.15	504.15	505.85	
Clinical waste – treated	21,060.84	21,060.84	21,117.36	

ENVIRONMENTAL REPORT	2025-26	2024-25	2023-24	Notes
Recycling/recovery (disposal)				
Cardboard	96.00	15,896.00	18,199.00	
Commingled	86.00	2,032.38	2,674.64	
Organics (food)	12,806.00	11,636.00	10,437.00	
Organics (garden)	15,040.00	16,104.14	10,493.00	
PVC	82.00	146.00	1,231.00	
Toner & print cartridges	30.70	9.00		
Total units of waste disposed (kg)	**197,795.04**	**215,477.85**	**213,214.89**	
WR1 Total units of waste disposed of by waste stream and disposal method (%)				
Landfill (total)				
General waste	74.32%	68.22%	69.16%	
Offsite treatment				
Clinical waste – incinerated	0.55%	0.51%	0.51%	
Clinical waste – sharps	0.25%	0.23%	0.24%	
Clinical waste – treated	10.65%	9.77%	9.90%	
Recycling/recovery (disposal)				
Cardboard	0.05%	7.38%	8.54%	
Commingled	0.04%	0.94%	1.25%	
Organics (food)	6.47%	5.40%	4.90%	
Organics (garden)	7.60%	7.47%	4.92%	
PVC	0.04%	0.07%	0.58%	
Toner & print cartridges	0.02%	0.00%		
WR2 Percentage of office sites covered by dedicated collection services for each waste stream				Not reported by Eden Suite
Printer cartridges				
Batteries				
e-waste				
Soft plastics				
WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method				
Total waste to landfill per patient treated ((kg general waste)/PPT)	1.47	1.50	1.58	
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.23	0.23	0.24	
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.28	0.47	0.46	
WR4 Recycling rate (%)				
Weight of recyclable and organic materials (kg)	28,140.70	45,823.51	43,034.64	
Weight of total waste (kg)	197,795.04	215,477.85	213,214.89	
Recycling rate (%)	**14.23%**	**21.27%**	**20.18%**	
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)				
t CO2-e	220.09	220.09	220.77	

NORMALISATION FACTORS			
1000km (Corporate)			
1000km (Non-emergency)			
Aged Care OBD	57,370.00	56,408.00	54,071.00
ED departures	11,959.00	12,012.00	11,415.00
FTE	646.00	616.00	621.00
LOS	21,097.00	20,712.00	19,319.00
OBD	78,467.00	77,120.00	73,390.00
PPT	99,820.00	98,213.00	93,374.00
Separations	9,394.00	9,081.00	8,569.00
TotalAreaM2	24,578.00	24,578.00	24,578.00

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

Energy and water Performance Report

Expenditure

	Jul-23 to Jun-24 ($ thousand)	Jul-24 to Jun-25 ($ thousand)	Change from previous year
Electricity	$644	$682	5.9%
Natural Gas	$420	$431	2.6%
Liquefied Petroleum Gas	$63	$28	-55.2%
Potable Water	$193	$210	8.9%
TOTAL	**$1,321**	**$1,352**	**2.4%**



Attestations

Financial Management Compliance Attestation

I, Anna Sweeney, on behalf of the Responsible Body, certify that Western District Health Service has complied with the applicable *Standing Directions 201*8 under the *Financial Management Act 1994* and Instructions.



Anna Sweeney
BOARD PRESIDENT

20 October 2026

Attestation on Managing Conflicts of Interest

I, Rowena Clift, certify that Western District 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 Western District 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.



Rowena Clift
DUAL CHIEF EXECUTIVE

20 October 2026

Attestation on Data Integrity

I, Rowena Clift, certify that Western District Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Western District Health Service has critically reviewed these controls and processes during the year.



Rowena Clift
DUAL CHIEF EXECUTIVE
20 October 2026

Attestation on Integrity, Fraud & Corruption

I, Rowena Clift, certify that Western District Health Service has put it place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Western District Health Service during the year.



Rowena Clift
ACCOUNTABLE OFFICER
20 October 2026

Healthshare Victoria Compliance

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



Rowena Clift
ACCOUNTABLE OFFICER
20 October 2026

Board Members', Accountable Officer's and Chief Finance & Accounting Officer's Declaration

The attached financial statements for Western District 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 Western District Health Service at 30 June 2026.

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

We authorise the attached financial report for issue on this day.



Anna Sweeney
Chairperson

Hamilton
20 October 2026



Rowena Clift
Chief Executive

Hamilton
20 October 2026

Nicholas Starkie
Chief Finance and Accounting Officer

Hamilton
20 October 2026

Disclosure Index

The Annual Report of the Western District Health Service is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Ref
Ministerial Directions Report of Operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	2
FRD 22	Purpose, functions, powers and duties	11, 12, 15
FRD 22	Nature and range of services provided	13
FRD 22	Activities, programs and achievements for the reporting period	4-5, 7-11
FRD 22	Significant changes in key initiatives and expectations for the future	4-5
Management and structure		
FRD 22	Organisational structure	14-17
FRD 22	Workforce data/employment and conduct principles	18
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Financial and other information		
FRD 22	Summary of the financial results for the year	24
FRD 22	Significant changes in financial position during the year	24
FRD 22	Operational and budgetary objectives and performance against objectives	24
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Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Western District Health Service

Opinion	I have audited the financial report of Western District 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.



MELBOURNE
21 October 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Financial Statements

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(a)	117,7024	107,997
Government grants,	2.1(b)	19,147	15,638
Other sources of income	2.1(c)	6,679	6,908
Total Revenue and Income from transactions		**143,528**	**130,543**
Expenses from transactions			
Employee expenses	3.1(a)	(102,229)	(93,582)
Supplies and consumables	3.1(c)	(21,024)	(19,438)
Depreciation and amortisation	4.1(a), 4.2	(12,130)	(11,598)
Other operating expenses	3.1(d)	(15,183)	(12,208)
Total Expenses from transactions		**(150,566)**	**(136,826)**
Net result from transactions - net operating balance		**(7,038)**	**(6,283)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		(77)	15
Net gain/(loss) on financial instruments		30	44
Other gain/(loss) from other economic flows		470	51
Total other economic flows included in net result		**423**	**110**
Net result		**(6,615)**	**(6,173)**
Comprehensive result		**(6,615)**	**(6,173)**

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

Balance Sheet As at 30 June 2026	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.2	70,218	54,639
Receivables	5.1	10,976	8,702
Contract assets		563	615
Investments and other financial assets	5.2	8,131	7,938
Total financial assets		**89,888**	**71,894**
Non-financial assets			
Prepayments		1,334	889
Inventories		116	82
Investment property		906	-
Property, plant and equipment	4.1	182,244	169,201
Total non-financial assets		**184,600**	**170,172**
TOTAL ASSETS		**274,488**	**242,066**
Liabilities			
Payables	5.3	12,199	10,747
Contract liabilities		806	610
Borrowings	6.1	2,179	1,786
Employee benefits	3.1(b)	23,214	19,699
Monies held in trust	5.4	41,286	33,950
Total liabilities		**79,684**	**66,792**
NET ASSETS		**194,804**	**175,274**
EQUITY			
Reserves		195,716	165,300
Contributed capital		44,584	49,535
Accumulated (deficit)		(45,496)	(39,561)
TOTAL EQUITY		**194,804**	**175,274**

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

Financial Statements

Cash Flow Statement For the Year Ended 30 June 2026	Note	2026 $'000	2025 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating grants from Government		119,831	107,197
Capital grants from State Government		4,470	3,302
Patient fees received		7,943	7,377
GST received from ATO		1,881	3,302
Interest and investment income received		2,420	3,017
Other receipts		8,087	8,234
Total receipts		**144,632**	**132,429**
Payments to employees		(97,676)	(92,727)
Payments to suppliers and consumables		(22,491)	(19,343)
GST paid to ATO		(2,249)	(3,155)
Other expenses		(16,479)	(12,374)
Total payments		**(138,895)**	**(127,599)**
Net cash flows from/(used in) operating activities		**5,737**	**4,830**
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of non-financial assets		544	325
Purchase of non-financial assets		(4,112)	(4,601)
Cash and cash equivalents acquired on merger	8.8	9,717	-
Purchase of financial assets		(193)	(589)
Net cash flows from/(used in) investing activities		**5,956**	**(4,865)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings and principal portion of lease liabilities		(695)	(346)
Repayment of accommodation deposits		(6,842)	(10,693)
Receipt of accommodation deposits		11,423	16,456
Net cash flows from/(used in) financing activities		**3,886**	**5,417**
Net increase/(decrease) in cash and cash equivalents held		**15,579**	**5,382**
Cash and cash equivalents at beginning of year		**54,639**	**49,257**
Cash and cash equivalents at end of year	6.2	**70,218**	**54,639**

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

Statement of Changes in Equity for the Year Ended 30 June 2026

	Property, Plant and Equipment Revaluation Surplus	Financial Assets through Other Comprehensive Income Revaluation	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated (Deficit)	Total
	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2024	140,165	306	20,459	49,535	(29,018)	181,447
Net result for the year	-	-	-	-	(6,173)	(6,173)
Transfer from/(to) accumulated (deficit)	-	-	4,370	-	(4,370)	-
Balance at 30 June 2025	**140,165**	**306**	**24,829**	**49,535**	**(39,561)**	**175,274**
Transfer upon merge	28,674	-	2,423	2,293	(7,245)	26,145
Net result for the year	-	-	-	-	(6,615)	(6,615)
Transfer from/(to) accumulated (deficit)	-	-	(681)	(7,244)	7,925	-
Balance at 30 June 2026	**168,839**	**306**	**26,571**	**44,584**	**(45,496)**	**194,804**

This Statement should be read in conjunction with the accompanying notes

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Financial Statements

Note 1: About this report

Structure

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

Note 1 About this Report

These financial statements represent the financial statements of Western District Health Service for the year ended 30 June 2026.

Western District Health Service is a not-for-profit entity established as a public agency in 1862 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).

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Western District Health Service on 20 October 2026

Note 1.2 Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3 Reporting Entity

The financial statements include all the controlled activities of Western District Health Service.

Western District Health Service's principal address is:

20 Foster Street
HAMILTON VIC 3300

Note 1.4 Economic dependency

Western District Health Service is a public health service governed and managed in accordance with the *Health Services Act 1988* and its results form part of the Victorian General Government consolidated financial position. Western District Health Service provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health (DH), and the Commonwealth Government funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Western District Health Service's operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 1.5 Amalgamation

On 1 April 2026, the services, staff and net assets of Casterton Memorial Hospital (CMH) were transferred to Western District Health Service as part of the voluntary amalgamation. The amalgamation was accounted for in accordance with the requirements of *FRD 119A Transfers Through Contributed Capital,* whereby the net assets of CMH were accounted for as a capital contribution to Western District Health Service.

No income was recognised by Western District Health Service in respect of the net asset transferred from CMH. The net assets assumed by Western District Health Service were recognised in the balance sheet on 1 April 2026, at the carrying amount of those assets in CMH's balance sheet immediately before the transfer as disclosed in Note 8.8.

Note: 2 Funding delivery of our services

Western District Health Service's overall objective is to provide quality health service that will improve the health, wellbeing and the quality of life for our community. Western District Health Service is predominantly funded by grant funding for the provision of services. Western District Health Service also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Note 2.1 Revenue and income from transactions

	Notes	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1(a)	117,702	107,997
Government grants	2.1(b)	19,147	15,638
Other sources of income	2.1(c)	6,679	6,908
Total revenue and income from transactions		**143,528**	**130,543**

Note 2.1(a) Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) – Operating	69,419	62,284
Government grants (Commonwealth) – Operating	35,893	33,598
Patient and resident fees	7,492	7,419
Private practice fees	40	112
Commercial activities	4,858	4,584
Total revenue from contracts with customers	**117,702**	**107,997**

Financial Statements

Note 2.1 Revenue and income from transactions (cont.)

Note 2.1(a) Revenue from contracts with customers (cont.)

How we recognise revenue from contracts with customers

Government grants

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

In contracts with customers, the 'customer' is the funding body, which is the party that promises funding in exchange for Western District Health Service's goods or services. Western District Health Service's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

This policy applies to each of Western District Health Service's revenue streams, with information detailed below relating to Western District Health Service's material revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as National Weighted Activity Unit (NWAU)	NWAU is a measure of health service activity expressed as a common unit against which the national efficient price (NEP) is paid. The performance obligations for NWAU are the number and mix of admissions, emergency department presentations and outpatient episodes, and is weighted for clinical complexity. Revenue is recognised at point in time, which is when a patient is discharged.
Commonwealth Residential Aged Care Grants	Funding is provided for the provision of care for aged care residents within facilities at Western District Health Service. The performance obligations include provision of residential accommodations and care from nursing staff and personal care workers. Revenue is recognised at the point in time when the service is provided with the aged care facility.

Patient and resident fees

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

Note 2.1(b) Government grants

	2026 $'000	2025 $'000
Government grants (State) – Operating	15,087	11,460
Government grants (State) – Capital	3,021	3,297
Government grants (Commonwealth) – Capital	1,039	881
Total government grants	**19,147**	**15,638**

How we recognise Government grants

Government grants

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

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Western District Health 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 Western District Health Service.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the DH.

Note 2.1(c) Other sources of income

	2026 $'000	2025 $'000
Capital donations	147	410
Assets received free of charge or for nominal consideration	29	253
Other income from operating activities	3,429	3,086
Income from non-operating activities	3,074	3,159
Total other sources of income	**6,679**	**6,908**

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

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

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

Financial Statements

Note 3: The Cost of Delivering Our Services

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

Structure

Note 3.1 Expenses incurred in the delivery of services

	Notes	2026 $'000	2025 $'000
Employee expenses	3.1(a)	102,229	93,582
Supplies and consumables	3.1(c)	21,024	19,438
Other operating expenses	3.1(d)	15,183	12,208
Total expenses incurred in the delivery of services		**138,438**	**125,062**

Note 3.1(a) Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	82,199	72,090
Superannuation expense (i)	8,815	7,498
Agency expenses	3,720	6,522
Fee-for-service medical officer expenses	7,495	7,472
Total employee expenses	**102,229**	**93,582**

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

How we recognise employee expenses

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

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

Note 3.1(b) Employee-related provisions

	2026 $'000	2025 $'000
Current provisions for employee benefits		
Accrued days off	336	254
Annual leave	8,849	6,911
Long service leave	9,618	8,509
Provision for on-costs	2,126	1,907
Total current provisions for employee benefits	**20,929**	**17,581**
Non-current provisions for employee benefits		
Long service leave	2,028	1,883
Provision for on-costs	257	235
Total non-current provisions for employee benefits	**2,285**	**2,118**
Total provisions for employee benefits	**23,214**	**19,699**

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 Western District Health 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 Western District Health Service expects to wholly settle within 12 months or
- present value - if Western District Health 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 Western District Health 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 Western District Health Service expects to wholly settle within 12 months or
- present value - if Western District Health 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 payroll tax, worker compensations 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) Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	3,838	4,272
Medical and surgical supplies (including Prostheses)	4,107	4,019
Diagnostic and radiology supplies	1,716	631
Other supplies and consumables	11,363	10,516
Total supplies and consumables	**21,024**	**19,438**

How we recognise supplies and consumables

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

Financial Statements

Note 3.1 Expenses incurred in the delivery of services (cont.)

Note 3.1(c) Other operating expenses

	2026 $'000	2025 $'000
Low value lease expenses	710	711
Fuel, light, power and water	1,783	1,552
Repairs and maintenance	843	741
Maintenance contracts	662	507
Medical indemnity insurance	1,567	1,251
Finance costs	220	166
Communication and IT	2,577	2,155
Share of SWARH expenses	1,098	833
Other administration expenses	5,723	4,292
Total other operating expenses	**15,183**	**12,208**

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 Western District Health 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

Western District Health 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 Western District Health Service to be utilised for delivery of services.

Significant judgement–Fair value measurement

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

Structure

4.1 Property, plant and equipment
4.2 Depreciation and amortisation

Note 4.1 Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Land at fair value –Crown	3,932	3,230	-	-	3,932	3,230
Land at fair value –Freehold	2,675	2,847	-	-	2,675	2,847
Buildings at fair value	182,575	157,268	(25,229)	(9,731)	157,346	147,537
Works in progress at cost	3,405	2,062	-	-	3,405	2,062
Plant, equipment and vehicles at fair value	36,303	31,369	(21,417)	(17,844)	14,886	13,525
Total property, plant and equipment	**228,890**	**196,776**	**(46,646)**	**(27,575)**	**182,244**	**169,201**

How we recognise property, plant and equipment

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

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

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

	Land	Buildings	Works in progress	Plant, equipment and vehicles	Total
	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2025	**6,077**	**147,537**	**2,062**	**13,525**	**169,201**
Asset transfer on merge	440	18,758	447	1,246	20,891
Additions	-	-	2,264	2,639	4,903
Disposals	-	-	-	(621)	(621)
Net transfers between classes	90	1,278	(1,368)	-	-
Depreciation	-	(10,227)	-	(1,903)	(12,130)
Balance at 30 June 2026	**6,607**	**157,346**	**3,405**	**14,886**	**182,244**

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, XYZ Health 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 Western District Health Service's revaluation cycle.

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

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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Plant, equipment and vehicles at fair value	3,177	2,663	(749)	(450)	2,428	2,213
Total right-of-use assets	**3,177**	**2,663**	**(749)**	**(450)**	**2,428**	**2,213**

4.1(c) Reconciliation of the carrying amount of each class of right of use asset

	Plant, equipment and vehicles $'000	Total $'000
Balance at 1 July 2025 [(i)]	2,213	2,213
Additions	791	791
Asset transfer on merge	187	187
Disposals	(621)	(621)
Depreciation	(142)	(142)
Balance at 30 June 2026	**2,428**	**2,428**

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

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Note 4 Key assets to support service delivery (cont.)

Note 4.1(c) Reconciliation of the carrying amount of each class of right of use asset

How we recognise right-of-use assets

Initial recognition

When Western District Health 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.

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(d) Impairment of property, plant and equipment

The recoverable amount of the primarily non-financial physical assets of Western District Health 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.

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

Note 4.2 Depreciation and amortisation

How we recognise depreciation

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

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

How we recognise amortisation

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

Useful lives of non-current assets

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

	2026	2025
Buildings	7 to 50 years	7 to 50 years
Plant, equipment and vehicles (including leased assets)	3 to 40 years	3 to 40 years

Note 5 Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Investments and other financial assets
5.3 Payables
5.4 Monies held in trust

Note 5.1 Receivables

	Notes	2026 $'000	2025 $'000
Current receivables			
Contractual			
Trade receivables		848	392
Patient fees		432	883
Allowance for impairment losses		(171)	(204)
Amounts receivable from government and agency		107	-
Accrued revenue		3,132	1,658
Other		33	64
Total contractual receivables		**4,381**	**2,793**
Statutory			
GST receivable		576	208
Total statutory receivables		**576**	**208**
Total current receivables		**4,957**	**3,001**
Non-current receivables			
Contractual			
Long service leave–Department of Health		6,019	5,701
Total non-current receivables		**6,019**	**5,701**
Total receivables		**10,976**	**8,702**
(i) Financial assets classified as receivables			
Total receivables		10,976	8,702
GST receivable		(576)	(208)
Total financial assets classified as receivables	**7.1**	**10,400**	**8,494**

How we recognise receivables

Receivables consist of:

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

Statutory receivables, including Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment) but are not classified as financial instruments for disclosure purposes.

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Note 5.1 Receivables (cont.)

The health service applies AASB 9 for initial measurement of the statutory receivables and as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Note 5.2 Investments and other financial assets

	Operating Fund		Specific Purpose Fund		Capital Fund		Total	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
CURRENT								
Financial assets at amortised cost								
Term deposits > 3 months	-	-	-	-	73	517	73	517
Total current financial assets	**-**	**-**	**-**	**-**	**73**	**517**	**73**	**517**
NON CURRENT								
Financial assets at amortised cost								
Term deposits > 12 months	5,455	4,833	-	-	-	-	5,455	4,833
Financial assets at fair value through OCI								
Equities	-	-	2,603	2,588	-	-	2,603	2,588
Total non-current financial assets	**5,455**	**4,833**	**2,603**	**2,588**	**-**	**-**	**8,058**	**7,421**
Total investments and other financial assets	**5,455**	**4,833**	**2,603**	**2,588**	**73**	**517**	**8,131**	**7,938**
Represented by:								
Health service investments	5,455	4,833	2,603	2,588	73	517	8,131	7,938
Total investments and other financial assets	**5,455**	**4,833**	**2,603**	**2,588**	**73**	**517**	**8,131**	**7,938**

How we recognise investments and other financial assets

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

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

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

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

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

Note 5.3 Payables

	Notes	2026 $'000	2025 $'000
Current payables			
Contractual			
Trade creditors		1,070	1,301
Accrued salaries and wages		5,816	3,034
Accrued expenses		1,452	2,718
Deferred capital grant income	5.3(a)	2,273	1,863
Inter hospital creditors		665	561
Other		923	1,270
Total payables		**12,199**	**10,747**
(i) Financial liabilities classified as payables			
Total payables		12,199	10,747
Deferred grant income		(2,273)	(1,863)
Total financial liabilties classified as payables	7.1	**9,926**	**8,884**

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 Western District Health 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 5.3(a) Movement in deferred capital grant income

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	**1,863**	**2,739**
Grant consideration for capital works received during the year	4,470	3,302
Deferred capital grant income recognised as income due to completion of capital works	(4,060)	(4,178)
Closing balance of deferred capital grant income	**2,273**	**1,863**

How we recognise deferred capital grant income

Grant consideration was received from DH to support the construction of the emergency department and Penshurst stage 3 development.

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

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Note 5.4 Monies held in trust

	Notes	2026 $'000	2025 $'000
Patent monies		165	121
Refundable accommodation deposits		40,756	33,390
Other monies		365	439
Total other liabilities		**41,286**	**33,950**
* Represented by:			
- Cash assets	6.2	41,286	33,829
		41,286	**33,829**

How we recognise monies held in trust

Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Western District Health 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 6 How we finance our operations

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

6.1 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure

Note 6.1 Borrowings

	Notes	2026 $'000	2025 $'000
Current borrowings			
Lease liability	6.1(a)	1,102	645
Total current borrowings		**1,102**	**645**
Non-current borrowings			
Lease liability	6.1(a)	1,077	1,141
Total non-current borrowings		**1,077**	**1,141**
Total borrowings	**7.1**	**2,179**	**1,786**

How we recognise borrowings

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

Terms and conditions of borrowings

30 June 2026	Note	Weighted average interest rate (%)	Carrying Amount $'000	Nominal Amount $'000	Maturity Dates: Less than 1 Month	1-3 Months	3 Months - 1 Year	1-5 Years	Over 5 years
Lease liabilities	6.1	4.25%	2,179	2,284	96	192	864	1,132	-
Total Financial Liabilities			**2,179**	**2,284**	**96**	**192**	**864**	**1,132**	**-**
30 June 2025									
Lease liabilities	6.1	4.25%	1,786	1,869	62	124	565	1,118	-
Total Financial Liabilities			**1,786**	**1,869**	**62**	**124**	**565**	**1,118**	**-**

Note 6.1(a) Lease liabilities

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	1,152	751
Longer than one year but not longer than five years	1,132	1,118
Minimum future lease liability	**2,284**	**1,868**
Less unexpired finance expenses	(105)	(83)
Present value of lease liability	**2,179**	**1,786**

How we recognise lease liabilities

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

To apply this definition, Western District Health 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 Western District Health Service and for which the supplier does not have substantive substitution rights
- Western District Health 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 Western District Health Service has the right to direct the use of the identified asset throughout the period of use and
- Western District Health Service has the right to take decisions in respect of 'how and for what purpose' the asset is used throughout the period of use.

Western District Health Service's lease arrangements consist of the following:

Type of asset leased	Lease term
Leased plant, equipment, and vehicles	3 years

All leases are recognised on the balance sheet, with the exception of low value leases (less than $10,000) and short-term leases of fewer than 12 months. Western District Health 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(d)).

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Note 6.1 Borrowings (cont.)
Note 6.1(a) Lease liabilities (cont.)

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Western District Health Service's incremental borrowing rate. Our lease liability has been discounted by rates of 4.25 per cent.

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

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

Subsequent measurement

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

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

Note 6.2 Cash and cash equivalents

	Notes	2026 $'000	2025 $'000
Cash on hand (excluding monies held in trust)		23	23
Cash at bank (excluding monies held in trust)		28,909	20,787
Total cash held for operations		**28,932**	**20,810**
Cash at bank (monies held in trust)		41,286	33,829
Total cash held as monies in trust		**41,286**	**33,829**
Total cash and cash equivalents	7.1	**70,218**	**54,639**

Note 6.3 Commitments for expenditure

30 June 2026	Less than 1 year	1-5 Years	Over 5 years	Total
Capital expenditure commitments	2,386	2,244	-	4,630
Total commitments (inclusive of GST)	**2,386**	**2,244**	**-**	**4,630**
Less GST recoverable	217	204	-	421
Total commitments (exclusive of GST)	**2,169**	**2,040**	**-**	**4,209**
30 June 2025				
Capital expenditure commitments	3,059	-	-	3,059
Total commitments (inclusive of GST)	**3,059**	**-**	**-**	**3,059**
Less GST recoverable	278	-	-	278
Total commitments (exclusive of GST)	**2,781**	**-**	**-**	**2,781**

How we disclose our commitments

Expenditure commitments

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

Short-term and low-value leases

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

Note 7 Financial instruments, contingencies and valuation judgements

Western District Health 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

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

Note 7.1 Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of Western District Health 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	Notes	Carrying amount $'000	Net gain/ (loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.2	70,218	-	2,195	-	-
Receivables	5.1	10,400	-	-	-	30
Investments and other financial assets	5.2	5,528	-	224	-	-
Financial assets at fair value through other comprehensive income						
Investments and other financial assets	5.2	2,603	-	-	84	-
Total Financial Assets [i]		**88,749**	**-**	**2,419**	**84**	**30**
Financial Liabilities at amortised cost						
Payables	5.3	9,926	-	-	-	-
Borrowings	6.1	2,179	-	220	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	40,756	-	-	-	-
Other financial liabilities - patient/other monies in trust	5.4	530	-	-	-	-
Total financial liabilities [i]		**53,391**	**-**	**220**	**-**	**-**

30 June 2025	Notes	Carrying amount $'000	Net gain/ (loss) $'000	Total interest income/ (expense) $'000	Fee income/ (expense) $'000	Impairment loss $'000
Financial assets at amortised cost						
Cash and cash equivalents	6.2	54,639	-	2,764	-	-
Receivables	5.1	8,494	-	-	-	44
Investments and other financial assets	5.2	5,350	-	252	-	-
Financial assets at fair value through other comprehensive income						
Investments and other financial assets	5.2	2,588	-	-	-	-
Total financial assets [i]		**71,071**	**-**	**3,016**	**-**	**(44)**
Financial liabilities at amortised cost						
Payables	5.3	8,884	-	-	-	-
Borrowings	6.1	1,786	-	166	-	-
Other financial liabilities - Refundable Accommodation Deposits	5.4	33,390	-	-	-	-
Other financial liabilities - patient/other monies in trust	5.4	560	-	-	-	-
Total financial liabilities [i]		44,620	-	**166**	**-**	**-**

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

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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 Western District Health 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.

Western District Health Service recognises the following assets in this category:

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

Financial assets at fair value through other comprehensive income

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the assets are held by Western District Health Service to achieve its objective both by collecting the contractual cash flows and by selling the financial assets
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest.

Equity investments are measured at fair value through other comprehensive income if the assets are not held for trading and Western District Health Service has irrevocably elected at initial recognition to recognise in this category.

Western District Health Service recognises investments in equity instruments in this category.

Financial assets at fair value through net result

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

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

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

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

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Western District Health Service recognises the following liabilities in this category:

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

Note 7.2 Contingent assets and contingent liabilities

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

How we measure and disclose contingent assets and contingent liabilities

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

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

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
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment

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

Financial Statements

Note 7.3 Fair value determination (cont.)

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.

Western District Health 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.

Western District Health 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 Western District Health Service's independent valuation agency for property, plant and equipment.

Fair value determination: fixed bonds and floating rate securities

In the absence of an active market, the fair value of Western District Health Service's fixed bond and floating rate securities are valued using observable inputs, such as recently executed transaction prices in securities of the issuer or comparable issuers and yield curves. Adjustments are made to the valuations when necessary to recognise differences in the instrument's terms.

Western District Health Service classifies these debt securities as level 2.

Fair value determination: equities

Equities are valued at fair value with reference to a quoted (unadjusted) market price from an active market.

Western District Health Service classifies these instruments as level 1.

Fair value determination: non-financial physical assets

AASB 2010-10 Amendments to Australian Accounting Standards–*Fair Value Measurement* of Non-Financial Assets of Not-for-Profit *Public Sector Entities* amended AASB 13 Fair Value Measurement by adding Appendix F Australian Implementation Guidance for Not-for-Profit Public Sector Entities. Appendix F explains and illustrates the application of the principals in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation process (whichever is earlier).

The last scheduled full independent valuation of all of Western District Health 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, Western District Health 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.

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, Western District Health 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 Western District Health 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. Western District Health 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 experienced fleet managers in Western District Health Service's who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Likely valuation approach	Material inputs (Level 3 only)	Range (weighted average)
Specialised land	Market approach	Community Service Obligations Adjustments (i)	25%
Specialised buildings	Current replacement cost approach	Cost per square metre	$884
		Useful life	16 years
Non specialised buildings	Market approach	Fair market valuation	$1,494,000
Plant and equipment	Current replacement cost approach	Cost per unit	$6,600
		Useful life	7.3 years
Medical equipment	Current replacement cost approach	Cost per unit	$14,230
		Useful life	10 years

i A community service obligation (CSO) of 20% was applied to the Western District Health Service's specialised land.

Note 8 Other disclosures

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

Structure

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

Financial Statements

Note 8.1 Ex-gratia expenses

	2026 $'000	2025 $'000
Western District Health Service has made the following ex gratia expenses:		
Seperation payments	90	-
Total ex-gratia expenses	**90**	**-**

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 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
Responsible Ministers:	
The Honourable Mary-Anne Thomas MP:	
Minister for Health	27 Jun 2022 – 14 April 2026
Minister for Ambulance Services	2 Oct 2023 – 14 April 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 April 2026 - 30 June 2026
Minister for Ambulance Services	15 April 2026 - 30 June 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 December 2024 - 30 June 2026
Minister for Prevention of Family Violence	15 April 2026 - 30 June 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	2 Oct 2023 - 30 June 2026
Minister for Ageing	2 Oct 2023 - 30 June 2026
Minister for Multicultural Affairs	2 Oct 2023 – 14 April 2026
Minister for Multicultural and Multifaith Victoria	15 April 2026 – 30 June 2026
Minister for Prevention of Family Violence	18 December 2025 – 14 April 2026
The Honourable Lizzy Blandthorn MP:	
Minister for Children	2 Oct 2023 - 30 June 2026
Minister for Disability	2 Oct 2023 - 30 June 2026
Governing Boards	
Ms A Sweeney (Chair of the Board)	1 July 2025 - 30 June 2026
Mr A Bradbury	1 July 2025 - 30 June 2026
Mr S Bunce	1 July 2025 - 30 June 2026
Mr B Colliton	1 July 2025 - 30 June 2026
Ms J Cranham	1 April 2026 - 30 June 2026
Mr J Hart	1 April 2026 – 14 May 2026
Ms A Hiscock	1 July 2025 - 30 June 2026
Mr N Jackson	1 April 2026 - 30 June 2026
Dr J James	1 April 2026 - 30 June 2026
Ms G Jenkins	1 July 2025 – 31 March 2026
Ms J McDonald	1 July 2025 - 30 June 2026
Ms Z Pope	1 April 2026 - 30 June 2026
Mr G Walcott	1 July 2025 – 31 March 2026
Accountable Officers	
Ms R Clift (Chief Executive)	1 July 2025 - 30 June 2026

Remuneration of Responsible Persons		
The number of Responsible Persons is shown in their relevant income bands:		
Income Band	**Total 2026 $'000**	**Total 2025 $'000**
$0 - $9,999	5	-
$10,000 - $19,999	7	8
$20,000 - $29,999	1	1
$330,000 - $339,999	1	1
Total Numbers	14	10
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	499	502

Amounts relating to the Governing Board Members and Accountable Officer of Western District Health Service are disclosed in the above table.
Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report

Note 8.3 Remuneration of executives

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

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

	Total Remuneration	
	2026 $'000	2025 $'000
Total remuneration[i]	**1,743**	**1,440**
Total number of executives	**10**	**7**
Total annualised employee equivalent[ii]	**9.0**	**7.0**

i The total number of executive officers includes persons who meet the definition of Material Management Personnel (KMP) of Western District Health Service under AASB 124 Related Party Disclosures and are also reported within Note 8.4 Related Parties.

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

Note 8.4 Related parties

The Western District Health 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 – the South West Alliance of Rural Health and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

The Western District Health Service received funding from government related entities of $124.46m (2025: $111.52m). Balances outstanding as at 30 June 2026 are $107k (2025: $64k).

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

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

The Standing Directions of the Minister for Finance require the Western District Health 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.

Financial Statements

Note 8.4 Related parties (cont.)

Key management personnel

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

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

KMPs	Position Title	KMPs	Position Title
Ms A Sweeney	Chair of the Board	Mr G Walcott	Board Member
Mr A Bradbury	Board Member	Ms R Clift	Chief Executive Officer
Mr S Bunce	Board Member	Mr N Starkie	Executive Director Finance & Corporate Services
Mr B Colliton	Board Member	Ms L Hedley	Executive Director Acute Operations
Ms J Cranham	Board Member	Ms B Roberts	Director of Nursing Coleraine & Penshurst
Mr J Hart	Board Member	Mr J McInnes	Executive Director Ambulatory & Community Programs
Ms A Hiscock	Board Member	Ms K Armstrong	Director of Aged Care
Mr N Jackson	Board Member	Ms Alison Kennedy	Director National Centre for Farmer Health
Dr J James	Board Member	Mr D Billington	Executive Director People & Wellbeing
Ms G Jenkins	Board Member	Ms A Cunningham	Director Clinical Governance, Risk & Improvement
Ms J McDonald	Board Member	Dr S Ping	Chief Medical Officer
Ms Z Pope	Board Member	Ms A Richmond	Executive Director Aged Care

Remuneration of key management personnel

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

	2026 $'000	2025 $'000
Total compensation - KMPs i	2,242	1,942

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

Transactions with KMPs and other related parties

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

Procurement processes occur on terms and conditions consistent with the HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with the Western District Health 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 Western District Health Service Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: none).

Note 8.5 Remuneration of auditors

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	42	35
Total remuneration of auditors	**42**	**35**

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

Note 8.6 Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

Note 8.7 Joint arrangements

Principal Activity		Ownership Interest 2026 %	Ownership Interest 2025 %
South West Alliance of Rural Health	ICT provision and support	7.13	6.47

For the year ended 30 June 2026, Western District Health Service's share of the joint operations financials was:	2026 $'000	2025 $'000
Total revenue and income	2,682	2,408
Total expenses	(2,723)	(2,265)
Total net result	(41)	143
Total other economic flows	7	22
Comprehensive result for the year	(34)	165
Total assets	2,376	2,492
Total liabilities	1,881	2,012
Total equity	495	480

Contingent liabilities and capital commitments

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

Financial Statements

Note 8.8 Financial information of Casterton Memorial Hospital

As outlined in Note 1.5, the financial statements of Casterton Memorial Hospital (CMH) are provided below for the period 1 July 2025 to 31 March 2026 being the period immediately preceding voluntary transfer of CMH's operations to Western District Health Service.

Casterton Memorial Hospital

Comprehensive Operating Statement

For the period 1 July 2025 to 31 March 2026

	9 months ended 31 March 2026 $'000	2025 $'000
Revenue and income from transactions		
Revenue from contracts with customers	4,370	5,683
Government grants	5,817	7,855
Other sources of income	474	386
Total revenue and income from transactions	**10,661**	**13,924**
Expenses from transactions		
Employee expenses	(7,453)	(9,875)
Supplies and consumables	(550)	(9)
Depreciation and amortisation	(1,505)	(2,026)
Other operating expenses	(1,231)	(1,465)
Total Expenses from transactions	(10,739)	(14,115)
Net result from transactions – net operating balance	**(78)**	**(191)**
Other economic flows included in net result		
Net gain/(loss) on sale of non-financial assets	(11)	(24)
Other (loss) from other economic flows	35	(5)
Total other economic flows included in net result	**24**	**(29)**
Net result	**(54)**	**(220)**
Other economic flows – other comprehensive income		
Items that will not be reclassified to net result		
Changes in property, plant and equipment revaluation surplus	-	(2,122)
Total other comprehensive income	-	**(2,122)**
Comprehensive result	**(54)**	**(2,342)**

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

Balance Sheet

For the period 1 July 2025 to 31 March 2026

	9 months ended 31 March 2026 $'000	2025 $'000
Financial assets		
Cash and cash equivalents	9,717	8,837
Receivables	1,040	1,084
Total financial assets	**10,757**	**9,921**
Non-financial assets		
Prepayments	8	31
Property, plant and equipment	20,891	22,192
Investment property	906	85
Total non-financial assets	21,805	22,308
Total assets	**32,562**	**32,229**
Liabilities		
Payables	579	1,152
Contract liabilities	711	181
Borrowings	297	244
Employee benefits	2,214	2,321
Monies held in trust	2,616	2,132
Total liabilities	**6,417**	**6,030**
Net assets	**26,145**	**26,199**
Equity		
Reserves	31,097	30,097
Contributed capital	2,293	2,293
Accumulated (deficit)	(7,245)	(6,191)
Total equity	**26,145**	**26,199**

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

Statement of Changes in Equity

For the period 1 July 2025 to 31 March 2026

	Property, Plant and Equipment Revaluation Surplus	Other Reserves	Restricted Specific Purpose Reserve	Contributed Capital	Accumulated (Deficit)	Total
	$'000	$'000	$'000	$'000	$'000	
Balance at 1 July 2024	**30,796**	**101**	**661**	**2,293**	**(5,310)**	**28,541**
Net result for the year	-	-	-	-	(220)	(220)
Other comprehensive income for the year	(2,122)	-	-	-	-	(2,122)
Transfer from/ (to) accumulated (deficit)	-	-	661	-	(661)	-
Balance at 30 June 2025	**28,674**	**101**	**1,322**	**2,293**	**(6,191)**	**26,199**
Net result for the period	-	-	-	-	(54)	(54)
Transfer from/ (to) accumulated (deficit)	-	(101)	1,101	-	(1,000)	
Balance at 1 April 2026	**28,674**	**-**	**2,425**	**2,293**	**(7,245)**	**26,145**

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

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Cash Flow Statement

For the period 1 July 2025 to 31 March 2026

	9 months ended 31 March 2026 $'000	2025 $'000
Cash Flows from operating activities		
Receipts from grants	9,345	11,018
Receipts from capital grants	161	486
Patient fees received	1,293	1,293
GST received from ATO	262	344
Interest and investment income received	212	386
Other receipts	171	658
Total receipts	**11,444**	**14,185**
Payments to employees	(7,639)	(8,427)
Payments to suppliers and consumables	(2,204)	(3,432)
GST paid to ATO	(232)	(342)
Total payments	**(10,075)**	**(12,201)**
Net cash flows from/(used in) operating activities	**1,369**	**1,984**
Cash Flows from investing activities		
Proceeds from sale of non-financial assets	38	1
Purchase of non-financial assets	(903)	(652)
Net cash flows from/(used in) investing activities	**(865)**	**(651)**
Cash flows from financing activities		
Repayment of borrowings and principal portion of lease liabilities	(108)	(48)
Repayment of accommodation deposits	(798)	(1,736)
Receipt of accommodation deposits	1,282	1,050
Net cash flows from/(used in) financing activities	**376**	**(734)**
Net increase/(decrease) in cash and cash equivalents held	**880**	**599**
Cash and cash equivalents at beginning of year	8,837	8,238
Cash and cash equivalents at end of year	**9,717**	**8,837**

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

Glossary of Terms

AHSSQA
Australian Health Service Safety and Quality Accreditation

ACFI
Aged Care Funding Instrument

ALO
Aboriginal Liaison Officer

BOD
Board of Directors

BRICC
Ballarat Regional Integrated Cancer Centre

C4YB
Community 4 Youth Board

CDHS
Coleraine District Health Service

CE
Chief Executive

CMH
Casterton Memorial Hospital

CSSD
Central Sterile Supply Department

DoH
Department of Health

DON
Director of Nursing

DRG
Diagnostic Related Grouper; a means by which hospitals define and measure case mix

DVA
Department of Veterans Affairs

EBA
Enterprise Bargaining Agreement

ECG
Electrocardiograph

ED
Emergency Department

EN
Enrolled Nurse

ENT
Ear, Nose and Throat

FACEM
Fellowship of Australasian College Emergency Medicine

FHCC
Frances Hewett Community Centre

FMIS
Financial Management Information System

FOI
Freedom of Information

FRD
Financial Reporting Directions

GCAHM
Graduate Certificate of Agricultural Health and Medicine

GEM
Geriatric Evaluation Management

GP
General Practitioner

HACC
Home and Community Care

HBH
Hamilton Base Hospital

HCP
Home Care Package

HITH
Hospital in the Home

HMG
Hamilton Medical Group

HMMC
Hamilton Midwifery Model of Care

HMO
Hospital Medical Officer

ICT
Information, Communication and Technology

ICU
Intensive Care Unit

IHI
Institute for Healthcare Improvement

ILU
Independent Living Unit

IMG
International Medical Graduates

KPI
Key Performance Indicator

Live4Life
Youth Mental Health Program

LGBTI
Lesbian, Gay, Bisexual, Transgender and/or Intersex

NCFH
National Centre for Farmer Health

NSQHS Standards
National Safety and Quality Health Service Standards

NWAU
National Weighted Activity Unit

OH&S
Occupational Health and Safety

OT
Occupational Therapy

PDHS
Penshurst & District Health Service

PHU
Public Health Unit

PPH
Primary & Preventative Health

QI
Quality Improvement

RN
Registered Nurse

SGSC
Southern Grampians Shire Council

SURC
Symptom Urgent Review Clinic

SWARH
South West Alliance of Rural Health

VET
Vocational Education and Training

VICNISS
Victorian Hospital Acquired Infection Surveillance System

VMIA
Victorian Managed Insurance Authority

VMO
Visiting Medical Officer

VPSM
Victorian Patient Satisfaction Monitor

VST
Victorian Stroke Telemedicine

WDHS
Western District Health Service

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wdhs Western District Health Service

Casterton · Coleraine · Hamilton · Merino · Penshurst

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National Centre
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