

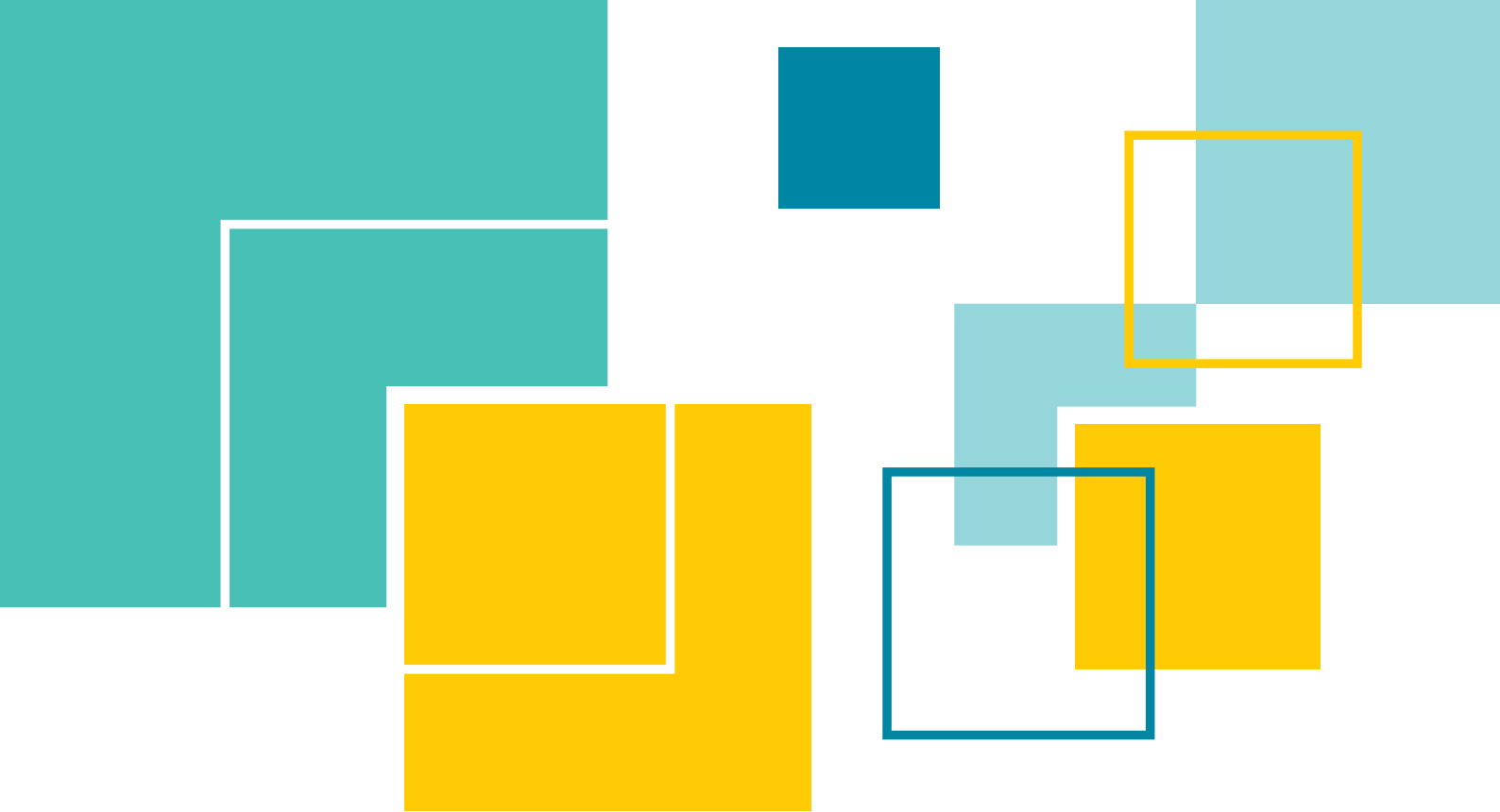


CENTRAL  
GIPPSLAND  
HEALTH

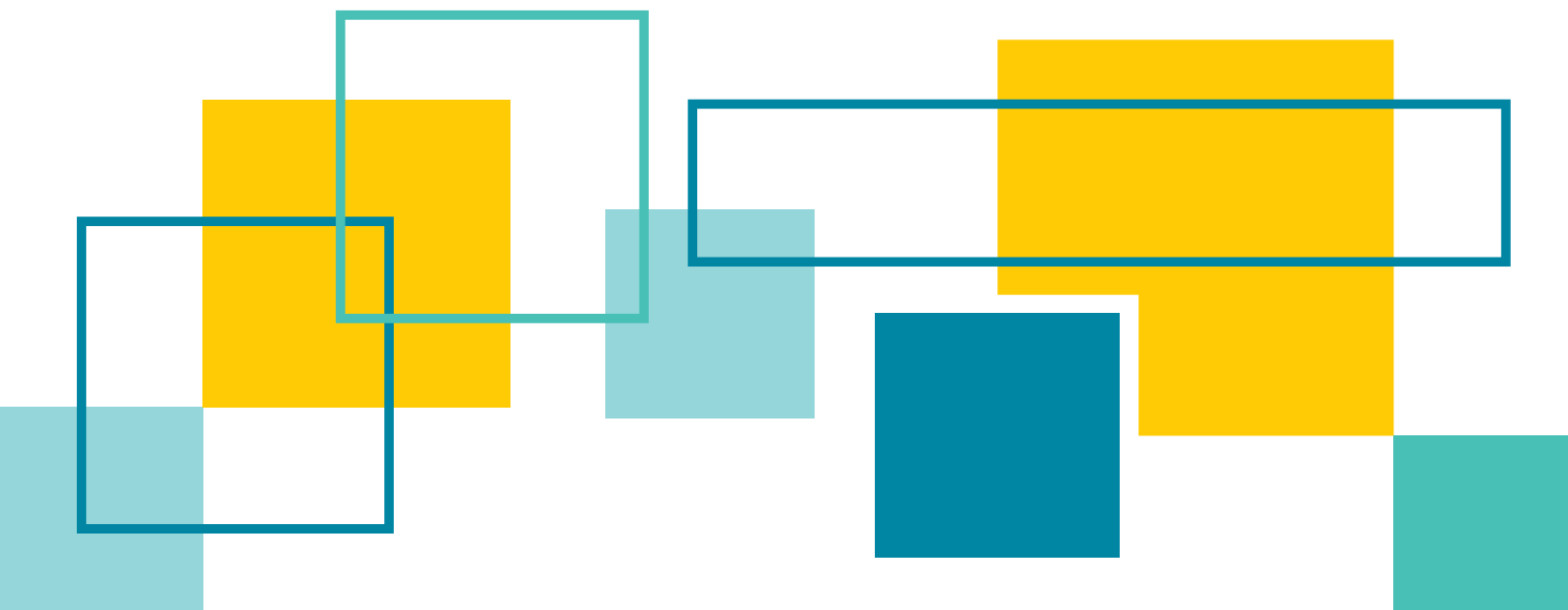
# Annual Report

24  
25





Central Gippsland Health Service acknowledges the Traditional Owners of the land - the Gunaikurnai people - and pays respect to their Elders past, present and emerging.



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**Our Vision is of a  
safe and healthy  
community where  
everyone feels  
valued, supported  
and can participate.**



## **Our Mission**

Our Mission is to provide the health and community services that will best meet the needs of our community.

### **IN DOING SO WE WILL:**

- support community identified need and promote genuine community participation
- place people at the centre of our care
- support our community to access services that maintain and improve their health and wellbeing, and minimise the negative impact of injury
- enable people to benefit from our integrated services
- allocate and use our resources effectively and efficiently
- achieve through collaboration and partnerships
- be creative, innovative and open to discovery.

## Honesty, Transparency and Integrity

### TO DO THIS WE WILL:

- set and model standards of behaviour consistent with the Code of Conduct for Victorian Public Sector Employees
- embrace transparency and provide meaningful and clear information to our stakeholders
- support ethical and caring leadership development at all levels of the organisation.

## Value and Support our People

**TO DO THIS WE WILL** strive to provide a healthy, caring and safe environment where we are supported to:

- pursue our personal goals and objectives
- behave consistently with Central Gippsland Health Service's values and enthusiastically support the achievement of our strategic and service delivery goals and objectives
- put forward ideas, participate in decision-making, be creative and innovative
- develop our careers in a manner consistent with our strengths and interests
- make work a positive contributor to our happiness and wellbeing.

## Caring, Support, Compassion and Understanding

### TO DO THIS WE WILL:

- be welcoming, caring, supportive, share knowledge freely and support learning in every setting
- relate to our community with understanding and compassion

# Our Values

- assist our community to understand their rights and responsibilities, and have access to genuine complaints resolution processes
- support our community to identify the need for, and make decisions relating to, the development, delivery and evaluation of services
- develop partnerships that benefit our community
- appreciate the benefits that come from diversity.

## Quality - Excellence with the Person at the Centre

### TO DO THIS WE WILL:

- embed a quality culture of continuous improvement across the organisation such that our client's experience with Central Gippsland Health Service is characterised by the following: seamless, coordinated, integrated and timely provision of person-centred care
- provide facilities and equipment that enable the provision of safe, efficient, effective and sustainable service delivery
- place a very high value on person-centred care and excellent customer service.

## Social Justice - Equity of Outcome

### TO DO THIS WE WILL:

- focus on achieving equity of outcome for individuals and groups
- understand the impact of poverty, culture, location and disadvantage on behaviour and health status
- act to support the disadvantaged and marginalised among us
- ensure our fees policy considers our client's ability to pay
- support harm minimisation and targeted community support programs
- be compassionate and embrace diversity.

# Five Strategic Pillars



## Strategic Plan Summary

### KEY AREAS AND OBJECTIVES

**1**

#### STRENGTHENING ACCESS TO CORE SERVICES

**OBJECTIVE:** Provide access to a highly integrated, networked, technology-enabled system that will give people access to services as close to home as is safe and appropriate.

**2**

#### TAKING A PARTNERSHIP APPROACH

**OBJECTIVE:** Enhance our sustainability and clinical capability and, as a consequence, increase the number of treatments available closer to home.

**3**

#### ADJUSTING TO AN OLDER POPULATION

**OBJECTIVE:** Provide more services in the community and home-based setting with a focus on reablement.

**4**

#### INVESTING IN OUR PEOPLE

**OBJECTIVE:** Develop a highly talented, skilled, supported and happy workforce.

**5**

#### A FOCUS ON OPERATIONAL EXCELLENCE

**OBJECTIVE:** Work together and use the skills of our leaders and staff to aim for operational excellence.

## Who We Are

Central Gippsland Health Service (CGHS) is the major provider of health and residential aged care services in the Wellington Shire.

It serves a local population of approximately 46,000 in Central Gippsland, while acute specialist services reach a wider community in East Gippsland and parts of South Gippsland.

Categorised as a subregional health service, CGHS provides a range of more complex services than those delivered by small rural health services, consisting of two public hospitals located in Sale and Maffra, both with public sector residential aged care facilities on campus; community health centres in Sale, Maffra, Rosedale and Loch Sport; and a Community Rehabilitation Centre located on the Sale campus which provides a range of allied health and rehabilitation services outreaching to patient homes and other CGHS and non-CGHS facilities.

In addition, CGHS is an integrated health service and provides a range of services usually provided by local government and in particular, home support and maternal and child health services.

Clinical education and training form an important part of our service offering. CGHS provides clinical placements to support undergraduate education and training for medical, nursing and allied health staff, and rotations for specialist nursing, allied health and medical education, including General Practitioner proceduralists.

Central Gippsland Health is also a network that includes independently governed organisations, Heyfield Hospital and Stretton Park.

For more information visit: [www.cghs.com.au](http://www.cghs.com.au)

## Our History

CGHS has a long and rich history which spans more than 150 years.

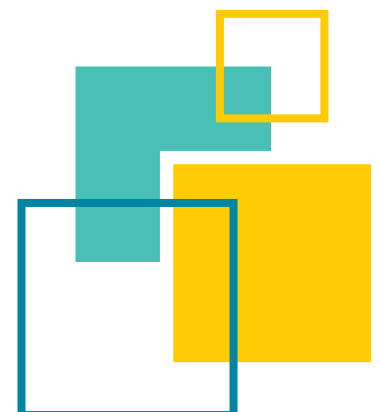
During that time, CGHS (and its predecessor Gippsland Base Hospital), with various other smaller service entities, has become the major provider of health and aged care services in the Wellington Shire.

Through a series of amalgamations, the Gippsland Base Hospital, Maffra and District Hospital, J.H.F. McDonald Wing Nursing Home, and Evelyn Wilson Nursing Home became CGHS in 1999.

CGHS provides management and corporate services to two not-for-profit private facilities, Stretton Park Incorporated and Heyfield Hospital Incorporated, through management agreements, also established in 1999.

The current Sale hospital was built on the existing site in 1990. The only section of the original hospital retained was the operating suite.

Today's CGHS Board of Directors and staff continue to uphold the service and spirit of those early pioneers who worked so hard to establish a hospital in the 1860s.



## At Your Service

CGHS works within a statewide rural and regional planning framework that considers the local area and Gippsland regional planning. The focus is to provide access to services locally, where appropriate, and support people to access higher level services where required.

CGHS also provides specialised services such as perinatal services, critical care, coronary care, obstetrics and surgery, as well as a comprehensive range of Home and Community Care (HACC) services.

Acute services include a full-time emergency department, critical care unit, neonatal special care unit, operating theatres, day procedure unit, oncology and dialysis services, in addition to general medical and surgical services, and subacute services including rehabilitation.

Within the Gippsland region there is one regional health service, Latrobe Regional Health (LRH), which is the key specialist service resource for the region and the four subregional health services.

In addition to acute and residential aged care services in Sale and Maffra, CGHS provides community and home support services throughout the Wellington Shire (with the exception of Yarram and district) with health centres in Maffra, Sale, Heyfield, Rosedale and Loch Sport.

Our aim is to develop a highly efficient system that responds to people's needs by placing them at the centre of a service delivery system, focused on supporting them to achieve their goals and aspirations.

### ASSETS AND REVENUE

**\$60.546M**

IN NET ASSETS

**\$12.522M**

IN PLANT AND  
EQUIPMENT

**\$59.516M**

IN BUILDINGS

**\$153.883M**

IN REVENUE

### OUR SERVICES

**46,533**

POPULATION SERVED  
(APPROX)

**18,245**

EMERGENCY  
ATTENDANCES

**13,796**

INPATIENT SERVICES

**315**

BABIES BIRTHED

**90,876**

COMMUNITY  
SERVICES HOURS OF  
SERVICE

**40,671**

NON-ADMITTED  
SUBACUTE AND  
SPECIALIST  
OUTPATIENT CLINIC  
SERVICE EVENTS

DATA SOURCED FROM QLIK, IPM AND CARELINK

### PEOPLE

**1,085**

PEOPLE  
EMPLOYED

**INCLUDING**

**200**  
**CASUAL**

**676**

EQUIVALENT  
FULL TIME (EFT)  
EMPLOYEES

**654**  
**PART-TIME**

**231**  
**FULL-TIME**

**ACTIVE EMPLOYEES  
AT 30 JUNE 2025**





## Report by the Chair, Board of Directors

It's a privilege to present the Board Chair's Report for the 2024/25 financial year.

This past year has been marked by significant change and opportunity. Our commitment to delivering safe, high-quality, and accessible health care has remained steadfast, even as the broader health environment continues to evolve.

At a strategic level, the CGHS Board has remained focused on supporting the health and wellbeing of our communities through improved service access, strengthened partnerships, and a continued emphasis on workforce excellence. A key area of progress has been in our integrated care models — ensuring acute, aged care, and community services provide more coordinated and person-centred care.

CGHS is also proud of its enduring and collaborative relationship with aged care providers Stretton Park and Heyfield Hospital. Our integrated model allows us to seamlessly support residents across all stages of care. This close alignment ensures continuity of care, supports timely access to clinical expertise, and enhances the quality of life for older people in our community. In a sector facing increasing regulatory, workforce and funding pressures, these relationships have never been more important.

We also welcomed the release of the Victorian Health Services Plan, which aspires for a more connected, equitable, and sustainable health system across the state, that is easier for patients to navigate. CGHS will continue advocating for local needs, investing in quality and innovation, developing economies of scale, working in partnership across the health system and delivering on our commitment to improving community health outcomes, while ensuring more people receive the right care close to home.

Despite continued financial pressure across the sector, CGHS remains in a stable and sustainable position. Prudent financial management and careful prioritisation have enabled us to continue investing in critical service areas and infrastructure while maintaining responsible oversight of our resources.

Our people are the foundation of our success. This year, we continued to support our workforce through leadership development and excellence programs. We remain acutely aware of the challenges facing the healthcare workforce and are committed to creating a workplace where people feel valued, supported, and empowered to grow.

On behalf of the Board, I extend my sincere thanks to our dedicated staff, volunteers, aged care partners, community groups, and healthcare collaborators. I also acknowledge the outstanding leadership of our Executive team and the valuable contributions of my fellow Board members. Your ongoing support and expertise ensure CGHS remains a trusted and essential part of our region's health system. Together, we will continue working to create a healthier, more connected future for the people of Central Gippsland.

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Central Gippsland Health Service for the year ending 30 June 2025.

Arthur Skipitaris, Board Chair  
Sale, Victoria  
30 June 2025



## Report by the Chief Executive Officer

As I reflect on the 2024/25 year, I would like to say thank you to all staff and volunteers for another excellent year and for your care and commitment in everything that we do. Across our consulting, community, aged care and acute care services we have continued to support the people of the Wellington Shire, and beyond, with a wide range of services that are very well delivered. Our non-clinical teams have supported that care with their untiring efforts that ensure our finances are in excellent shape, our teams are paid, our facilities are clean, people under care are fed, our buildings are well maintained, the administrative processes are well delivered, our clinical coding is accurate, our Information Technology (IT) systems operate each and every day and our supplies arrive on time.

Noting that not all our excellent work can be mentioned in this brief report, this year we have had two notable successes. We developed and implemented a Dementia Care Program in our Aged Care Division. This outstanding program has focussed on supporting and training all clinical and non-clinical staff in the contemporary management of residents with a diagnosis of dementia. Without listing all the benefits of the program, we have seen a real and measurable decline in aggression incidents in our Residential Aged Care Homes. It goes without saying that this is to the absolute benefit of all residents living in the facility and to the staff working there – well done to all concerned. We will be expanding this program beyond our aged care division into the hospital in 2025/26.

The second program is the CGHS Mental Health Model of Care. While our organisation does not have a designated mental health service, we deliver a significant amount of care to people with a mental health diagnosis, particularly in our Emergency Department (ED). Historically, we have tended to view mental health care as the domain of the specialist Community Mental Health Team operating as part of the Latrobe Regional Health's regional mental health service and did not see a role for Sale Hospital. However, we manage all other presentations to our ED in a clear manner – assess, treat and discharge; or assess, treat and admit; or assess, treat and transfer to a higher level of care. The exception to this process was patients with a mental health presentation. These patients would be assessed and then wait for the Community Mental Health Team to assess and treat. On occasions this would take a long time.

In late 2023 we commenced a “big” conversation involving the executive and senior clinical and non-clinical staff from ED, Medical Ward, Social Health and Women's and Children's Ward. We asked the question: “Should a general hospital be able to deliver good general mental health care in the same way we deliver good general surgery, general medicine, general paediatric care, etc?” The answer to this question was yes, Sale Hospital should be able to treat and safely manage most mental health presentations to ED, with a small number of patients being transferred to a higher level of care. Over a period of almost 12 months CGHS developed a Mental Health Model of Care which was implemented from October 2024. The impact of this program has been significant as we are now able to deliver more timely care and confidence in the delivery of that care has grown. This has been yet another example of the CGHS team solving problems together with a focus on the patient and Excellence in Care. Well done to all concerned.

Of significant note is the ongoing capital works program with the Radiation/Oncology Project concluding and the Behavioural Assessment Room and Community Services Building Renovations about to be completed. We are looking forward to works commencing on the Maffra Hospital (McDonald Wing) rebuild and will continue to seek funding for further capital projects including a Bariatric Lift at Sale Hospital and additional renovations at Heyfield Hospital and Stretton Park.

As we move into the 2025/26 year, we continue to work with our health service partners through the newly formed Gippsland Local Health Service Network. We will be strengthening our ties and seeking ways to make it easier for patients and their families to move through the health system while receiving safe care as close to home as possible.

Finally, and most importantly, we will continue our absolute commitment to provide excellent care to the people we serve in our local community. I am confident that with the ever-present support of all of our Board, the skills and commitment of our staff, and the dedication of our volunteers we will do this successfully because, as always, we are “Better Together”.

A handwritten signature in black ink, appearing to read 'M. W. Dykgraaf'.

Mark Dykgraaf  
Chief Executive Officer



## Accreditation Status

CGHS (including Dental Services) is accredited against the National Safety and Quality Health Service Standards (Second Edition).

The organisation-wide survey conducted in August 2023 resulted in all core and developmental items being met. The next organisation-wide survey against the National Standards will be conducted prior to 11 August 2026 via a Short Notice Accreditation Program. CGHS has focused on becoming accreditation-ready at all times and will continue with this approach.

J.H.F. McDonald Wing, Wilson Lodge and community aged care services all underwent accreditation visits against the Aged Care Quality Standards during the 2023/24 year. These visits resulted in all standards being met and each site receiving full accreditation.

## Consumer, Carer and Community Participation

Central Gippsland Health Service (CGHS) is committed to promoting and facilitating meaningful engagement with consumers, carers, and the broader community to ensure our services are responsive, inclusive, and aligned with community needs.

We are supported by several key networks and committees that actively contribute to service improvement:

### **COMMUNITY LIAISON COMMITTEE (CLC):**

A subcommittee of the CGHS Board, the CLC meets bi-monthly and includes consumer representatives alongside staff and Board Directors. It serves as the principal consumer and community advisory body, reporting directly to the Board of Directors. The CLC plays a vital role in developing and implementing participation strategies, supporting quality improvement and accreditation initiatives, and providing oversight of key CGHS action plans.

### **ABORIGINAL AND TORRES STRAIT ISLANDER ADVISORY COMMITTEE:**

This committee comprises CGHS staff, local Aboriginal community members and CGHS Executives, and meets bi-monthly. It provides culturally informed advice and guidance to enhance the quality and cultural safety of services delivered to Aboriginal and Torres Strait Islander communities.

Both the Community Liaison Committee and the Aboriginal and Torres Strait Islander Advisory Committee are led by community members in chair and/or vice-chair roles, with Executive representation from CGHS. Administrative support is provided by the Community Network and Volunteer Support Officer.

To further strengthen community engagement, CGHS has a Community Participation Orientation Package which outlines various opportunities for consumers to become involved with the health service and is available online at [www.cghs.com.au](http://www.cghs.com.au)







# Carers Recognition Act 2012

Central Gippsland Health Service (CGHS) affirms its ongoing commitment to meeting its obligations under the Carers Recognition Act 2012. We continue to recognise, respect, and support the vital role of carers in our community. Over the past year, CGHS has continued to strengthen its efforts to promote awareness, integrate care relationship principles into policy and practice, and support both carers and staff in meaningful and practical ways.

## 1. PROMOTION OF THE PRINCIPLES OF THE ACT

CGHS has continued to take all practicable steps to promote the principles of the Carers Recognition Act 2012 to people in care relationships and the broader community.

Key actions include:

- Continued distribution of printed and digital materials regarding the Act.
- Maintenance and promotion of online resources, including up-to-date links to state government materials on our website.
- Sharing information and resources about the Act with partner organisations and networked service providers.
- Participation in community engagement initiatives through the Community Liaison Committee and related forums, including the implementation of our Disability and Inclusion Action Plan and Innovate Reconciliation Action Plan.

## 2. STAFF AWARENESS AND TRAINING

CGHS ensures that all staff understand and integrate the care relationship principles into their daily work.

Initiatives include:

- Ongoing implementation of a staff awareness strategy addressing the significance of care relationships.
- Incorporation of the Carers Recognition Act 2012 and its principles into staff induction, ongoing training programs, and leadership development.
- Availability of the Act, relevant policies, and procedures on the staff intranet for easy access and reference.
- Regular staff satisfaction and capability surveys to monitor engagement and awareness.

## 3. POLICY DEVELOPMENT AND SERVICE PROVISION

In accordance with the Act, CGHS continues to ensure that care relationship principles inform the development and review of internal policies and the design and delivery of services.

Actions include:

- Ongoing review of employment policies, such as flexible working arrangements and carer-related leave entitlements, to align with the Act.
- Incorporation of care principles into service planning and assessment frameworks.
- Use of satisfaction surveys during assessment and review meetings involving carers and care recipients to guide continuous improvement.
- Engagement with carers and the broader community in policy co-design through advisory committees and stakeholder feedback processes.

#### 4. RECOGNISING AND SUPPORTING VICTORIA'S CARERS: VICTORIAN CARER STRATEGY 2018-22

Although the Victorian Carer Strategy framework 2018–2022 has concluded, CGHS has continued to uphold its key priorities and recommendations through:

- Facilitating staff and community access to carer support services, resources, and referrals.
- Promoting inclusive practices and community engagement that support the social and emotional wellbeing of carers.
- Supporting integrated care models that recognise the carer's role as a partner in care delivery.

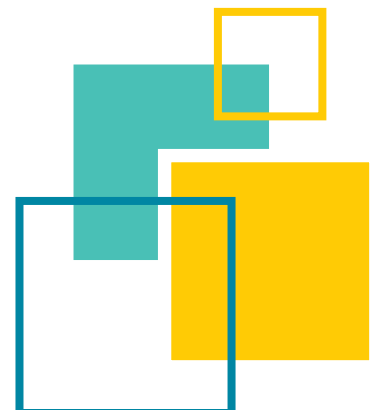
#### 5. ADDITIONAL ORGANISATIONAL INITIATIVES SUPPORTING CARERS

CGHS has enhanced its compliance efforts and support for carers through a range of organisational activities:

- Provision of regular training and professional development opportunities that promote inclusive and culturally safe care.
- Access to the Employee Assistance Program (EAP) for staff carers.
- Active delivery of the Innovate Reconciliation Action Plan to support Aboriginal and Torres Strait Islander communities, including carers within those communities.
- Implementation of the Disability and Inclusion Action Plan, promoting accessibility and equity in all CGHS services.
- Regular forums, leadership meetings, and the People Matter Survey to capture staff feedback and guide organisational development.

CGHS remains fully committed to meeting the requirements of the Carers Recognition Act 2012. Through continuous review and enhancement of policies, training, service design, and community engagement, CGHS ensures that carers are respected, supported, and empowered in their role.

CGHS will continue to advance its practices in recognition of the essential contribution carers make to the health system and community.



# Board of Directors

AS AT 30 JUNE 2025



**ARTHUR  
SKIPITARIS  
(CHAIR):**

Arthur is the General Manager Corporate Services for Wellington Shire Council. Prior to this role, Arthur

was a senior executive for the Finance Shared Services Division of General Electric, Australia and New Zealand. He was also the General Manager of Australia Post's Shared Services Division and has worked in several senior banking and finance roles.

Arthur holds a Bachelor of Business double major in Accounting and Economics, is a Certified Practising Accountant (CPA), a Fellow of the Financial Services Institute of Australasia, and a Graduate of the Australian Institute of Company Directors.



**LAUREN  
CAREY  
(VICE CHAIR):**

An experienced communications specialist with a Bachelor in Public Relations, Lauren currently leads the

communication and marketing function as Manager Engagement and Customer Focus at Latrobe City Council. Prior to joining Council, Lauren spent nine years working in the power generation and mining sector as the External Communications Manager for global company ENGIE's Hazelwood asset. Born and educated in Sale, Lauren has significant links to the Wellington Shire and is passionate about using her skills in corporate communications, stakeholder engagement, strategic leadership and governance to benefit CGHS and its consumers now and into the future.



**JENNY  
DEMPSTER:**

Jenny is the Director of Clinical Services at Gippsland Southern Health Service. She has a Masters in Public Health – Health

Service Management and a Bachelor of Applied Science – Advanced Clinical Nursing. Jenny has extensive management experience in both the public and private health sectors. She brings a wealth of knowledge and skills to the Board in relation to asset management, clinical governance, executive management, human resources management, finance, risk management, information and communication technology.



**CLAIRE  
MILLER:**

Claire has more than 10 years of board level experience across the public and commercial sectors with a focus on the utilities,

resources, infrastructure and energy industries. In her executive capacity, she has held the role of General Counsel and Company Secretary managing governance, compliance, risk and audit functions across a range of industry sectors including energy, infrastructure, gas, utilities, resources, and property in government, Australian Securities Exchange (ASX) and private entities. Claire holds a Bachelor of Laws and a Graduate Diploma of Applied Corporate Governance. Claire currently serves as a Commissioner for the Victorian Gambling and Casino Control Commission, Board Director of Mine Land Rehabilitation Authority, and is an Audit and Risk Committee member for the Australian Radiation Protection and Nuclear Safety Agency.





**PETER (GERRY)  
WATTS:**

Gerry has a strong grasp of hospital board governance and an extensive history in Senior Management and Procurement.

He brings a strong

understanding of governance, process, legislative compliance, risk management and probity. Gerry is a competent and experienced Board Director who is enthusiastic about his contribution to CGHS and the broader Gippsland region. He is a Fellow of the Australian Institute of Management, a Member of the Australian Institute of Company Directors, and a Member of the Chartered Institute of Procurement and Supply. He holds qualifications including Hospitality Management, Marketing, IT and an AICD Clinical Governance qualification.



**TREVOR  
GOLDSTONE:**

Trevor Goldstone is an experienced CEO, having led a number of organisations in the not-for-profit, government and commercial sectors.

This has included health and community services, economic development and tourism development. Trevor has held senior positions in the higher education sector with The Australian Institute of Future Education, James Cook University and the University of New England, where he was Pro Vice Chancellor, External Engagement. In addition to his CEO and senior management experience, Trevor has also been a director on numerous boards, which includes the role of Chairman of both SCOSA (the Spastic Centres of South Australia) and Dancenorth, a community dance company based in North Queensland. Trevor holds a Bachelor of Applied Science in Recreation Management and a Graduate Diploma in Management.



**ROCHELLE  
WRIGGLESWORTH:**

Rochelle is a Graduate of the Institute of Company Directors, member of the Institute of Chartered Accountants in Australia and

New Zealand, and a Registered Company Auditor with the Australian Securities and Investments Commission (ASIC). After working at Pricewaterhouse Coopers and being a principal/partner at Crowe Horwath for many years, Rochelle co-founded FiveFold Financial in 2013 and provides strategic business advice, virtual chief financial officer, accounting and audit services. Rochelle lives in Gippsland with her family, is passionate about helping the community and contributing towards the future prosperity of our region. She has a deep understanding of Gippsland's regional specific challenges and has a detailed knowledge of public sector and not-for-profit entities, having worked with the sectors for over 20 years, in addition to being an audit service provider to the Victorian Auditor General's Office for many years. Rochelle recently completed her 9-year director role on the Board of the Committee for Gippsland, retiring from her role as the Board Chair and the Financial, Audit and Risk Committee Chair. She is currently a member of the Audit and Risk Committee of the Royal Botanical Gardens Victoria and CGHS.



# Executive Staff

AS AT 30 JUNE 2025:

## CHIEF EXECUTIVE OFFICER

Mr Mark Dykgraaf

## DIRECTOR MEDICAL SERVICES

Dr Divyanshu Dua

## DIRECTOR OF NURSING / CHIEF NURSE

Ms Mandy Pasmucans

## DIRECTOR AGED CARE SERVICES

Ms Caron Mallet

## DIRECTOR QUALITY & LEARNING SERVICES

Ms Kelli Mitchener

## DIRECTOR CORPORATE SERVICES

Mr Robert Strickland

## DIRECTOR COMMUNITY & ALLIED HEALTH SERVICES

Ms Rachel Strauss  
(until 22 May 2025)

Ms Pele Reeve  
(from 23 May 2025)



### ADAM KOSTER:

Adam, who is also a Board Director with Yarram and District Health Service and Swan Hill District Health, works with Alex Scott Land in a general counsel role, as both in-house lawyer and sales executive within the

company's transactions and advisory team. He holds a Bachelor of Laws, Bachelor of Arts, Graduate Diploma in Legal Practice, Master of Laws from Monash University, and a Certificate IV in Property Services (Real Estate).



### LUIS PRADO:

Dr Prado is a Senior Consultant at Queensland Health Metro North Hospital and Health Service. For the last 20 years, he has been the Chief Medical Officer of some of Australia's largest Not for Profit Healthcare

groups namely St John of God Healthcare, Epworth healthcare and UnitingCare. Dr Prado remains clinically active as a general practitioner in conjunction with his health executive roles. He has led major change programs, delivering transformations to organisational culture, particularly around transparent reporting of performance and investigation of incidents, and delivered a suite of programs to improve patient outcomes and satisfaction.

# Risk & Audit Committee

## (INDEPENDENT MEMBERS)

AS AT 30 JUNE 2025:

### GRAHAM MANSON

#### (INDEPENDENT CHAIR):

Graham has been an independent member of the Risk and Audit Committee since March 2018 and has held the role of Committee Chair since November 2022. He is a director with the International Resilience Group (IRG), an independent consultancy company providing a range of resilience services within the public, private and not-for-profit sectors. Prior to establishing IRG, Graham was employed in a national role by the Australian Energy Market Operator where he focused on business security, crisis and contingency planning and emergency planning and response. Graham is an accomplished security, safety and emergency professional having presented to a number of organisations and businesses on crisis, security, emergency, brand protection and risk management throughout Asia and Australia.

### ALISTAIR MYTTON

Alistair has significant global experience working as a finance professional with BHP Billiton for the past 21 years, and is now semi-retired. While at BHP Billiton, Alistair has held positions as Chief Risk and Assurance Officer, Chief Financial Officer (CFO) for Uranium Business, CFO for Diamonds and Specialty Products and Head of Tax for the United Kingdom and Africa.

Alistair was appointed to the committee in November 2022 and resides in Melbourne.

### NIRAJ PAU

Niraj is a highly accomplished finance and business leader with nearly 20 years of global experience across finance, risk management, organisational transformation, and change management. He brings a strong track record of driving strategic outcomes, enhancing operational performance, and strengthening governance in complex environments. Niraj currently serves as the Chief Financial Officer and National Manager, Finance, Property & Procurement at the Australian Transaction Reports and Analysis Centre (AUSTRAC) – Australia's anti-money laundering and counter-terrorism financing regulator and financial intelligence unit.

Niraj joined the Risk and Audit Committee to develop his professional interest in governance function and give back to the community.

### ANN WOOTTON

Ann is a retired corporate executive and risk professional living in Gippsland, and a member of the Heyfield Hospital Board of Management. Ann worked as an executive in the provision of risk and compliance software with SAI Global, with her most recent roles including Executive Director, Property Division SAI Global, Executive General Manager, Property Division SAI Global, President Americas, Compliance Division SAI Global, and General Manager, Compliance Division SAI Global.

Since retiring, Ann has involved herself in the community through membership on a number of committees and boards in health, education and the arts, including the Heyfield Hospital Board, Gippsland Grammar, and Sale Art Gallery Foundation.

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As at 30 June 2025, non-independent members of the Risk and Audit Committee include:

Mark Dykgraaf (Chief Executive Officer), Rochelle Wigglesworth (Board Director), Robert Strickland (Director Corporate Services), Claire Miller (Board Director), Kelli Mitchener (Director Quality and Learning Services), Emma Brennan (Chief Finance Officer).

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTH FTE		AVERAGE MONTHLY FTE	
	2024	2025	2024	2025
<b>Nursing</b>	276.70	269.55	271.46	266.32
<b>Administration &amp; Clerical</b>	124.56	120.75	123.44	116.70
<b>Medical Support</b>	20.57	21.93	20.33	20.82
<b>Hotel &amp; Allied Services</b>	192.93	167.29	166.29	167.07
<b>Medical Officers</b>	12.57	11.85	13.34	12.90
<b>Hospital Medical Officers</b>	30.07	30.09	33.58	27.94
<b>Sessional Clinicians</b>	5.25	3.81	2.60	4.50
<b>Ancillary Staff (Allied Health)</b>	38.52	62.77	60.19	59.97
<b>TOTAL</b>	<b>701.17</b>	<b>688.04</b>	<b>691.23</b>	<b>676.22</b>

CGHS is committed to the application of merit and equity principles when appointing staff. Selection processes ensure that applicants are assessed and evaluated fairly and equitably on the basis of the key selection criteria and other accountabilities, without discrimination. Employees have been correctly classified in workforce data collections.

## Workforce Inclusion Policy

In line with the requirements of the Gender Equality Act 2020, CGHS is required to develop a Gender Equality Action Plan (GEAP) every four years. The GEAP will help to plan, implement and measure change in relation to gender equality within our organisation.

The strategies and measures in the GEAP 2021 – 2025 focus on promoting gender equality across all areas of CGHS. The GEAP has been developed after analysing the results of our first workplace gender audit, conducted every four years to support the ongoing improvement of the GEAP.

THE CGHS GEAP 2021 – 2025 TARGETS INCLUDED:	2024-25
Improve existing data collection methods	Target achieved
Diversify intersectionality data collected	Target achieved
Improve recruitment and onboarding systems to ensure collection of intersectionality data	Target achieved
Improve the offboarding process to ensure collection of intersectionality data	In progress
Improve reporting on sexual harassment	Target achieved
Develop a system to collect flexible work arrangements data	In progress

## Occupational Health and Safety

	2022-23	2023-24	2024-25
Number of reported hazards/incidents for the year per 100 FTE	55.43	72.28	44.07
Number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.02	1.14	1.28
Average cost per WorkCover claim for the year	\$18,077	\$23,261	\$30,190

## Occupational Violence

OCCUPATIONAL VIOLENCE STATISTICS	2024-25
WorkCover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	247
Number of occupational violence incidents reported per 100 FTE	36.53
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

### DEFINITIONS OF OCCUPATIONAL VIOLENCE

<b>Occupational Violence</b>	Any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.
<b>Incident</b>	An event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during a planned or unplanned Code Grey, it must be included.
<b>Accepted WorkCover Claims</b>	Claims accepted and lodged in 2024/25.
<b>Lost Time</b>	Greater than one day.
<b>Injury, Illness or Condition</b>	Includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

# Aboriginal Cultural Safety

CGHS received the Aboriginal Cultural Safety Fixed Grant in 2024/25.

The Aboriginal Cultural Safety Fixed Grant is a funding initiative aimed at improving the cultural safety of healthcare services for Aboriginal communities. This grant supports healthcare organisations in creating environments that are respectful and inclusive of Aboriginal culture and traditions. For more information, refer to the 'Aboriginal Cultural Safety Fixed Grant Requirements Cultural Safety Planning and Reporting' on the Victorian Department of Health website at [Aboriginal cultural safety fixed grant guidelines](#).

CGHS is committed to creating a culturally safe environment through several key actions, including:

- CGHS developed its second Reconciliation Action Plan (endorsed in September 2024) alongside the CGHS Aboriginal and Torres Strait Islander Advisory Committee chaired by Sandra Neilson – Koori Hospital Liaison Officer.
- Key celebrations continued throughout the year, including the NAIDOC Flag Raising Ceremony and a staff decorating competition to celebrate the event. CGHS also acknowledges National Reconciliation Week, National Sorry Day, MABO Day and the National Aboriginal and Torres Strait Islander Children's Day.
- The Koori Hospital Liaison Officer remains vital in supporting Aboriginal and Torres Strait Islander patients, and enabling links with the local Ramahyuck District Aboriginal Corporation. Throughout the year, these relationships have been strengthened through regular meetings at executive and ward level.
- CGHS continues to enhance our welcoming environment with many artworks and displays. We have embarked on a major external mural project which will have significant input from the local Aboriginal community. We are also increasing our practice of formally naming our meeting rooms with local Aboriginal words.
- CGHS has continued to work at engaging local young people through such events as a Koori Careers Day where CGHS hosted 30

secondary school students, provided a tour of the health service and demonstrated career pathways.

## CULTURAL SAFETY

CGHS remains steadfast in its commitment to reconciliation by fostering respectful relationships, promoting cultural learning, and creating inclusive opportunities for Aboriginal and Torres Strait Islander peoples.

CGHS continues to strengthen mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders, particularly the Ramahyuck District Aboriginal Corporation.

Key actions include:

- Strategic engagement meetings led by the CEO
- Development and review of Engagement Plans by the Director of Nursing
- Regular networking between services coordinated by the Director Community & Allied Health

CGHS actively celebrates National Reconciliation Week, raising awareness and participation through:

- Early campaigns and organisational promotions
- External event participation by executive and staff
- Hosting internal National Reconciliation Week events and registering them publicly

CGHS communicates its reconciliation commitment publicly and continues exploring ways to influence stakeholders to drive positive outcomes.

## CULTURAL LEARNING AND AWARENESS

A cultural learning strategy is established to build understanding of Aboriginal and Torres Strait Islander cultures, including:

- Mandatory online modules for all staff
- Executive and managerial cultural learning
- Twice-yearly cultural orientation sessions for new clinical staff
- Consultation with Traditional Owners to inform learning strategies



## CULTURAL PROTOCOLS

CGHS respects and observes cultural protocols by:

- Reviewing and updating flag-flying and acknowledgment procedures
- Embedding cultural respect in meetings and capital works
- Increasing rooms named in Gunaikurnai language and maintaining Aboriginal artwork

## NAIDOC WEEK

NAIDOC Week is a cornerstone of CGHS's cultural recognition program, including:

- Annual Flag Raising Ceremonies and other internal events
- Executive participation in both CGHS and Ramahyuck District Aboriginal Corporation events
- Leave support for Aboriginal and Torres Strait Islander staff

## EMPLOYMENT AND CAREER PATHWAYS

CGHS is committed to improving employment outcomes by:

- Assessing current workforce composition
- Engaging Aboriginal and Torres Strait Islander staff to address barriers
- Holding Career Days for secondary students
- Maintaining and growing Aboriginal employment to meet and exceed 1% of workforce targets

## MENTORING AND PROFESSIONAL SUPPORT

CGHS supports professional growth through:

- Ongoing mentoring networks
- Access to mentorship programs

## SUPPLIER DIVERSITY

To promote economic empowerment, CGHS:

- Reviews and updates procurement policies
- Establishes business relationships with Aboriginal suppliers
- Develops and shares supplier lists and explores business directories

## EFFECTIVE RECONCILIATION ACTION PLAN WORKING GROUP

The Reconciliation Action Plan Working Group, guided by the Aboriginal and Torres Strait Islander Advisory Committee, meets regularly to oversee implementation through:

- Bi-monthly committee meetings
- Updated Terms of Reference and communication

## IMPLEMENTATION SUPPORT

Leadership accountability is key. Actions include:

- Appointing a Reconciliation Action Plan champion
- Tracking systems for deliverables
- Quarterly staff reporting on Reconciliation Action Plan progress

## TRANSPARENT REPORTING

CGHS maintains transparency through:

- Annual Reconciliation Action Plan Impact Survey submissions
- Public progress reports
- Participation in Workplace Reconciliation Action Plan Barometer
- Final Reconciliation Action Plan Summary Report to Reconciliation Australia

## NEXT RECONCILIATION ACTION PLAN DEVELOPMENT

Preparations for the next Reconciliation Action Plan will commence in December 2025 via Reconciliation Australia's registration portal.

CGHS is dedicated to furthering reconciliation and is proud of its progress delivered through the Reconciliation Action Plan. Through respectful partnerships, inclusive practices, and cultural learning, we aim to build a stronger, more equitable future for all.

This journey continues with accountability, transparency, and genuine collaboration with Aboriginal and Torres Strait Islander peoples.

# Overview of Services

## ACUTE CARE

### CLINICAL

Cardiology  
Critical Care  
Day Procedure  
Dialysis  
Emergency  
Rehabilitation  
Hospital in the Home  
Obstetrics and Gynaecology  
Special Care Nursery  
Paediatrics  
Oncology  
General Medicine  
General Surgery  
Elective Orthopaedic Surgery  
Operating Suite  
Pre-Admission

### VISITING SPECIALIST SERVICES

General Surgery  
Genetics  
Medical Oncology  
Radiation Oncology  
Ophthalmology  
Paediatric Surgery  
Paediatric Endocrinology  
Paediatric Rehabilitation  
Colorectal Surgery  
Ear, Nose and Throat  
Dermatology  
Gastroenterology  
Urology  
Orthopaedics  
Renal  
In vitro Fertilisation (IVF)  
Vascular Surgery  
Upper Gastro Intestinal Surgery

### SUPPORT SERVICES - ACUTE

Infection Control  
Wound Management  
Education and Training  
Pharmacy  
Environmental  
Care Coordination  
Clinical Trials  
Alcohol and Other Drugs

### OUTPATIENT SERVICES

Antenatal  
Cardiology  
Cardiac and Pulmonary  
Rehabilitation  
Domiciliary Support  
Falls Clinic  
Haematology  
Oncology  
Paediatric  
Physical Rehabilitation  
Stomal and Wound Therapy  
Pregnancy Care Clinic

## AGED CARE SERVICES

### RESIDENTIAL CARE

Maffra – McDonald Wing  
Sale – Wilson Lodge  
Home Care Packages

## COMMUNITY SERVICES

### ALLIED HEALTH TO ACUTE AND COMMUNITY SETTINGS

Physiotherapy  
Occupational Therapy  
Exercise Physiology  
Podiatry and Foot Care  
Dietetics  
Speech Therapy  
Social Health  
Koori Liaison  
Property Maintenance  
Community Rehabilitation  
Reception & Service Access

### COMMUNITY HEALTH

Community Health Nursing  
Respiratory Educator  
Maternal and Child Health  
Volunteers  
Community Dental Program  
Health Promotion  
Aged Care Residential in Reach  
Nursing Support

### HOME SUPPORT AND SERVICE COORDINATION

Personal Care  
Domestic Support  
Respite Care  
Delivered Meals  
Planned Activity Groups  
Community Transport  
Care Assessment Services  
Carer Respite



## **HOME NURSING**

District Nursing  
Diabetes Nurse Consultancy  
McGrath Foundation Breast Nurse  
Prostate Nurse  
Palliative Care  
Continence Nurse Consultancy

## **CO-LOCATED VISITING SERVICES**

Community Mental Health  
Dorevitch Pathology

## **SUPPORT SERVICES**

### **FINANCE**

Financial and Management Reporting  
Accounts Payable  
Accounts Receivable  
Fleet Management

### **HUMAN RESOURCES AND PAYROLL**

Payroll  
Salary Packaging  
Industrial Management  
Employee Management  
Recruitment and Contract Management

### **QUALITY, RISK AND EDUCATION**

Risk Management  
Health and Safety  
Quality Audits  
Learning Services / Education  
Emergency Management  
Legislative Compliance

### **ENGINEERING**

Building Maintenance and Development

### **SUPPLY SERVICES**

Supply

### **HOTEL SERVICES**

Food Services  
Catering  
Security  
Waste Management  
Environmental Services  
Accommodation Management

### **INFORMATION TECHNOLOGY**

## **INFORMATION SERVICES**

Medical Records  
Business Management  
Freedom of Information / Privacy  
Library

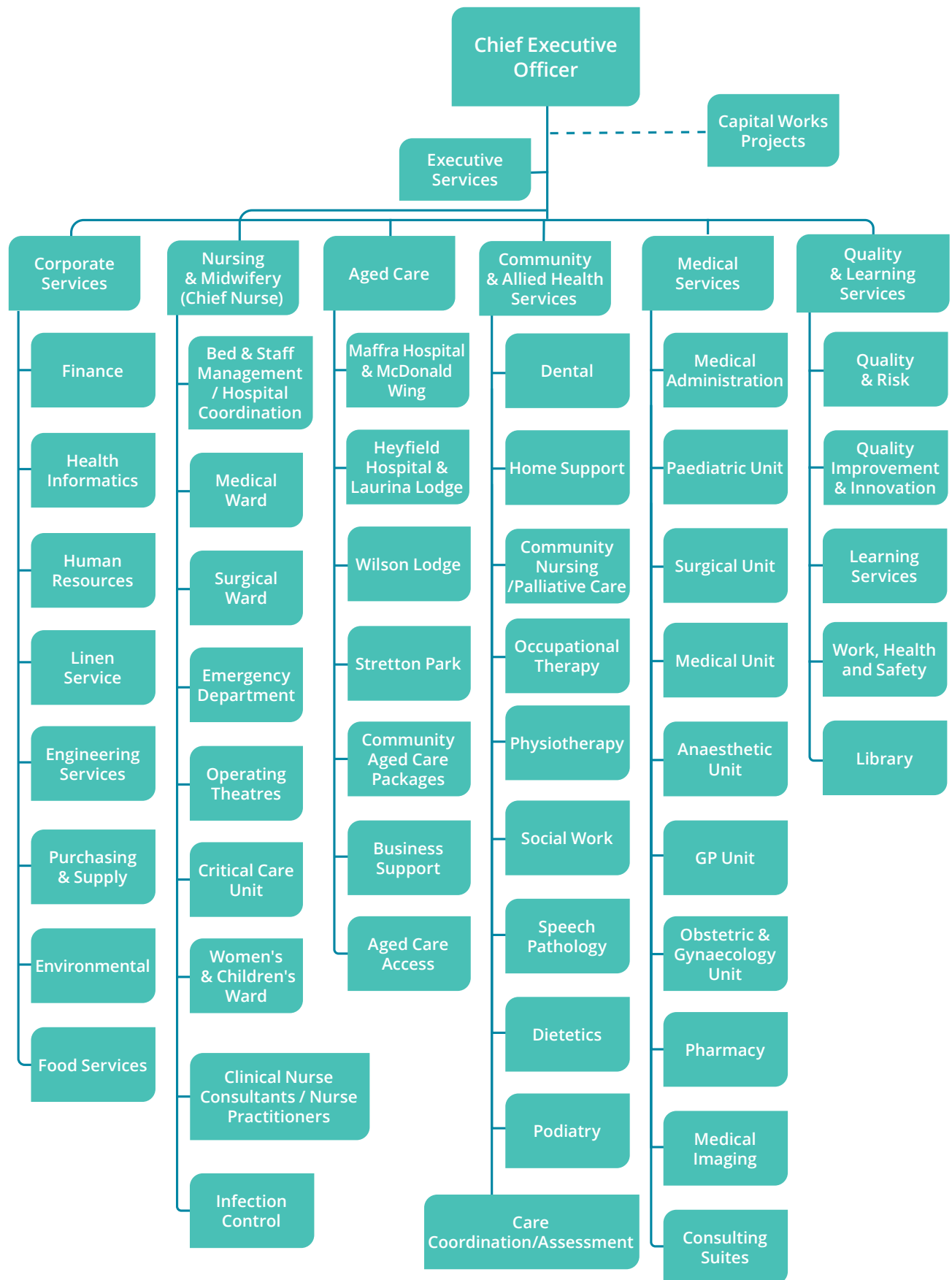
## **ADMINISTRATION**

Strategic Planning  
Fundraising  
Quality and Risk Management

## **BUSINESS UNITS**

Medical Imaging  
Linen Service  
Consulting Suites

# Organisational Structure



# Support Groups

## FRIENDS OF CENTRAL GIPPSLAND HEALTH SERVICE

Once again it is my pleasure to give a report of the last twelve months for our Auxiliary.

There has been plenty to keep us busy with our Father's Day raffle, Christmas and Mother's Day gift wrapping in the Gippsland Centre Sale, and our Easter raffle.

We have received generous donations from within our local community, including IGA's monthly contribution, the Lion's Club Sausage Sizzle Fundraiser, proceeds from the Wellington Craft Group (now sadly drawn to a close), Muffin Break, and funds raised by hard working volunteers at two Air Shows during the year.

We were very sad to acknowledge the passing of our long-serving Treasurer, Mrs. Olive Collins during the year.

Thank you to all our members, volunteers and the general public for your ongoing support.

This is my 25th report as President of the Auxiliary and it is a privilege and a pleasure to continue to serve our local hospital and community.

**Elva Doolan-Jones**

*President*

## MAFFRA HOSPITAL AUXILIARY

I am pleased to share an update on the Maffra Hospital Auxiliary's activities over the last financial year.

Thanks to the continued dedication of our members and the generosity of our local community, we have once again made a meaningful contribution to the lives of residents at Maffra Hospital.

This year, the Auxiliary proudly provided Christmas and birthday gifts for each resident, bringing a little extra joy and personal connection throughout the year.

We also supported the purchase of a new hover jack to assist with safe resident and patient transfers, and purchased goods for the much-loved mini shop – a simple but special feature that brings daily enjoyment to residents.

In an exciting initiative, and with the support of the CGHS Learning Services Department, we have helped establish a bursary to support staff training in geriatric and palliative care. This will be advertised again shortly, and we are proud to be part of strengthening the care provided at Maffra Hospital.

Throughout the year, Auxiliary members attended a number of events to enjoy time with the residents of Maffra Hospital and their families.

We remain committed to supporting our staff and residents and look forward to another rewarding year ahead.

**Ruth Ralph**

*President*

# Our Volunteers

Central Gippsland Health Service (CGHS) is supported by a dedicated and diverse volunteer base that plays an integral role across all areas of the organisation. Volunteers contribute their time, skills and regular feedback across our aged care services, hospital campuses, and throughout various community services programs, such as Meals on Wheels and the Community Transport Program.

A significant portion of this workforce includes student volunteers, particularly within our aged care settings, where they bring energy, companionship, and valuable intergenerational connection to residents.

Our volunteers not only enhance the quality of care and experience for our consumers but actively contribute to the continuous improvement of CGHS’s volunteering program. Through regular feedback and involvement in shaping volunteer training initiatives, they help ensure that the program remains responsive, inclusive, and aligned with the evolving needs of both volunteers and the communities we serve.

In 2024/25, there has been significant growth, innovation, and strengthened community ties through our community networks and volunteer engagement programs.

Volunteer participation has steadily increased, training and development was prioritised, and impactful collaborations with schools, local organisations, and auxiliary groups were established or deepened.

Key achievements included the successful rollout of updated Aged Care Volunteer Training, the continuation of a student volunteer program with more than 70 participants, and the introduction of community-based initiatives such as the “Vollie Voice” newsletter, Sale Hospital Mural Project, and introduction of SEEK volunteer ads for recruitment.

Looking ahead, the focus remains on expanding volunteer engagement, deepening community partnerships, and enhancing inclusivity, recognition, and access to training across our network.

# Donations

John Leslie Foundation	\$127,000
Newborn Intensive Care Foundation	\$45,031
The Trustee for the Community Enterprise Foundation	\$250,000
Bequests	\$1,019,736
Clyne Greenvale Trust	\$52,234
Capital Donation	\$80,000
General Donations	\$27,115
<b>TOTAL</b>	<b>\$1,601,116</b>



# Senior Medical and Dental Staff 2024/25

## **ANAESTHETIST CONSULTANTS**

Dr A Green  
Dr H Wassermann, Head of Unit

## **ANAESTHETISTS GP**

Dr J Braga  
Dr N Fenner  
Dr R Nandha  
Dr C O’Kane  
Dr J O’Sullivan

## **CARDIOLOGISTS (OUTREACH CONSULTING)**

Dr A Wilson  
Dr F Gong  
Dr A Huang  
Dr A Macisaac  
Dr K Moneghetti  
Dr K Phan  
Dr M Ray  
Dr S Rowe  
Dr L Creati

## **DENTISTS**

Dr P Dutschke  
Dr G Brown  
Dr G Steele  
Dr A Zhang

## **DERMATOLOGISTS**

Dr F Bhabha  
Dr A Gin  
Dr A Mar

## **DIRECTOR MEDICAL SERVICES**

Dr D Dua

## **EMERGENCY MEDICINE CONSULTANTS**

Dr P Kas  
Dr A Mahani

## **EMERGENCY MEDICINE SENIOR MEDICAL OFFICERS**

Dr A Brobbey  
Dr Shashini Fernando  
Dr R Mahmoud  
Dr S Sivabalan  
Dr S Adikari  
Dr Shyara Fernando  
Dr N Warnasooriya  
Dr R Wickramasinghe

## **GASTROENTEROLOGIST**

Dr M Ryan

## **GENERAL PRACTITIONERS**

Dr R Nandha  
Dr C O’Kane  
Dr J Braga

## **HAEMATOLOGY**

Dr A Ormerod

## **IVF/GYNAECOLOGY**

Dr G Weston

## **NEPHROLOGISTS**

Dr V Roberts  
Dr R Wallace  
Dr A Ramnarain

## **NUCLEAR MEDICINE RADIOLOGISTS**

Dr R Shafik-Eid  
Dr C Chang  
Dr D Learmont-Walker

## **NEUROLOGISTS**

Dr A Pattichis  
Dr T T-Chandran  
Dr J Ray  
Dr M Zhong  
Dr K Bertram  
Dr P Sagar

## **OBSTETRICIANS & GYNAECOLOGISTS**

Dr N Zia, Head of Unit  
Dr M Bekbulatov  
Dr R Tewari  
Dr S Gupta  
Dr T Annaiah

## **OBSTETRICIANS GP**

Dr C O’Kane  
Dr J Braga  
Dr L Neilson  
Dr S Williamson

## **ONCOLOGISTS (MEDICAL)**

Dr S Joshi  
Dr D Dua

## **ONCOLOGIST (RADIATION)**

Dr R Nair

## **OPHTHALMOLOGISTS**

Mr A Amini  
Dr T Edwards  
Dr D Hickey  
Dr S Chew

## **ORTHOPAEDIC SURGEONS**

Mr M Thomas  
Mr D Owen

**PAEDIATRICIANS**

Dr M Adamji, Head of Unit  
Dr D Silva  
Dr A Oommen  
Dr G Barrington

**PAEDIATRIC SURGEONS**

Mr C Kimber  
Dr G Aravinthan

**PHYSICIANS**

Dr M Cheah  
Dr V Jadhav, Head of Unit  
Dr N Uddin  
Dr F Hameed  
Dr S Silva  
Dr S Nagendram

**PHYSICIANS  
(INFECTIOUS DISEASES)**

Dr E Paige  
Dr D Griffin  
Dr A Ashok

**I-MED RADIOLOGISTS**

Dr S Kapur  
Dr B Varghese  
Dr H Aw Yeang  
Dr R Wijeratne  
Dr H Patel  
Dr A Tripathi  
Dr P Ukwatta  
Dr S Tan  
Dr H Sivaganabalan  
Dr A Patel  
Dr U Pandey  
Dr A Verma  
Dr G Whiteley  
Dr A Van

**RESPIRATORY AND  
SLEEP MEDICINE**

Dr N Uddin

**SURGEONS GENERAL**

Mr R Nair, Head of Unit  
Mr P Strauss  
Mr M Nyandowe  
Mr R Bennett  
Dr A Young

**SURGEON UPPER  
GASTROINTESTINAL (GI)**

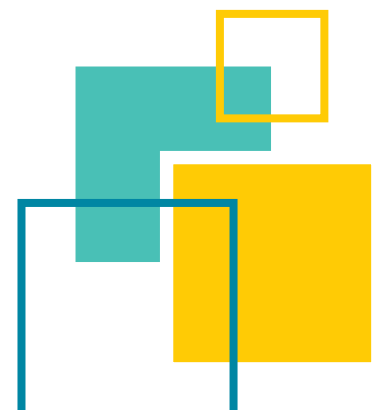
Mr S Banting

**SURGEON VASCULAR  
(CONSULTING)**

Mr N Roberts

**UROLOGIST**

Mr P McCahy





# Acute and Aged Care Service Managers

## MEDICAL SERVICES

<b>Director Medical Services</b>	Divyanshu Dua
<b>Director Clinical Training</b>	Masimba Nyandowe
<b>Head of Unit, Medicine</b>	Vittal Jadhav
<b>Clinical Lead, Emergency</b>	Rasha Mahmoud
<b>General Practice Liaison</b>	Yousuf Ahmad
<b>Hospital Medical Officer Manager</b>	Jacqueline Southall
<b>Director of Pharmacy</b>	Aleksandra Florian
<b>Consulting Suites Practice Manager</b>	Melissa Schipper
<b>Medical Imaging Practice Manager</b>	Simon Waixel

## SURGICAL SERVICES

<b>Head of Unit, Surgery</b>	Radha Nair (until 28 February 2025)
<b>Head of Unit, Surgery</b>	Divyanshu Dua (from 1 March 2025)
<b>Head of Unit, Anaesthetics</b>	Henry Wassermann

## OBSTETRIC/PAEDIATRIC SERVICES

<b>Head of Unit, Obstetrics</b>	Nuzhat Zia
<b>Head of Unit, Paediatrics (Acting)</b>	Mustafa Adamji

## NURSING SERVICES

<b>Director of Nursing/ Chief Nurse</b>	Mandy Pusmucans
<b>Deputy Director of Nursing</b>	Tracy McConnell-Henry
<b>Assistant Directors of Nursing</b>	Leanne Perkins Janny Steed Therese Smyth Caroline Rossetti Leanne Hearsey Sue Dobson
<b>Nurse Unit Manager Critical Care, Dialysis, Cardiology, Oncology</b>	Jenny Dennett and Courtney Redaelli
<b>Nurse Unit Manager, Medical</b>	Lisa Watson and Joanne Clutterbuck
<b>Nurse Unit Manager, Emergency</b>	Siobhan Broekhof
<b>Nurse Unit Manager, Surgical</b>	Adele Feist
<b>Nurse Unit Manager, Perioperative Services</b>	Mauricio Yanez
<b>Nurse Unit Manager, Obstetrics and Paediatrics</b>	Kim Costin and Kellie Gartung
<b>Infection Control Clinical Nurse Consultants</b>	Cathy Mowat and Andrea Page
<b>Wound/Stomal Therapy Clinical Nurse Consultant</b>	Ann Payne

## AGED CARE SERVICES

<b>Director Aged Care Services</b>	Caron Mallet
<b>Aged Care Services Manager - Wilson Lodge</b>	Lachlan Hardy
<b>Aged Care Services Manager - J.H.F. McDonald Wing Maffra</b>	Tom Breakspear



## COMMUNITY & ALLIED HEALTH SERVICES

<b>Director Community &amp; Allied Health Services</b>	Rachel Strauss <i>(until 22 May 2025)</i>
<b>Director Community &amp; Allied Health Services</b>	Pele Reeve <i>(from 23 May 2025)</i>
<b>Manager, Home Support</b>	Stacey Maxwell
<b>Nurse Unit Manager, District Nursing</b>	Chi Hong William Ho <i>(from 10 March 2025)</i>
<b>Manager, Dietetics</b>	Andrea Schofield
<b>Manager, Speech Pathology</b>	Kath Cook
<b>Manager, Social Health</b>	Patrick Horgan
<b>Manager, Occupational Therapy (acting)</b>	Kath Cook
<b>Manager, Physiotherapy, Exercise Physiology &amp; Podiatry</b>	Jenny McGuinness
<b>Team Leader, Dental</b>	Kelle Gainsforth <i>(until November 2024)</i>
<b>Team Leader, Dental</b>	Kate Robertson <i>(from December 2024)</i>
<b>McGrath Foundation Breast Care Nurse</b>	Janine Craft
<b>Prostate Nurse</b>	David Murray

## CORPORATE SERVICES

<b>Director Corporate Services</b>	Robert Strickland
<b>General Manager Human Resources</b>	Jeff Thompson
<b>General Manager Business Performance &amp; Data Analytics</b>	Aileen Onley
<b>Chief Finance Officer</b>	Emma Brennan
<b>Capital Works Project Manager</b>	David Martin
<b>Food Services Production Manager</b>	Natalie Scott
<b>Environmental Services Manager</b>	Mark Skeen
<b>Linen Service Manager</b>	David Scott
<b>Engineering Manager</b>	Tim Hall <i>(until 17 April 2025)</i>
<b>Acting Engineering Manager</b>	Mark Skeen <i>(from 30 April 2025)</i>
<b>Supply Manager</b>	Frank Requadt
<b>Payroll Manager</b>	Raquel King

## QUALITY & LEARNING SERVICES

<b>Director Quality &amp; Learning Services</b>	Kelli Mitchener
<b>Manager Workforce Development (acting)</b>	Amy Norden and Angela Leeson
<b>Manager Quality and Risk</b>	Julie Bond
<b>Manager Work Health and Safety</b>	Michelle Papp <i>(until 2 January 2025)</i>
<b>Manager Work Health and Safety</b>	Umar Afridi <i>(from 28 April 2025)</i>
<b>Librarian</b>	Helen Ried

# Manner of Establishment

Central Gippsland Health Service is a public health service established under the Health Services Act 1988 (Vic).

The responsible Ministers for the reporting period were:

<b>Minister for Health Minister for Ambulance Services</b>	The Hon. Mary-Anne Thomas <i>(1 July 2024 to 30 June 2025)</i>
<b>Minister for Health Infrastructure</b>	The Hon. Mary-Anne Thomas <i>(1 July 2024 to 19 December 2024)</i>  The Hon. Melissa Horne <i>(19 December 2024 to 30 June 2025)</i>
<b>Minister for Mental Health Minister for Ageing</b>	The Hon. Ingrid Stitt <i>(1 July 2024 to 30 June 2025)</i>
<b>Minister for Disability Minister for Children</b>	The Hon. Lizzie Blandthorn <i>(1 July 2024 to 30 June 2025)</i>

## REPORTING REQUIREMENTS

The information requirements listed in the Financial Management Act 1994 (the Act), the Standing Directions of the Minister for Finance under the Act (Section 4 Financial Management Reporting) and Financial Reporting Directions have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

## OBJECTIVES, FUNCTIONS, POWERS AND DUTIES OF CENTRAL GIPPSLAND HEALTH SERVICE

The principal objective of Central Gippsland Health Service is to provide public hospital services in accordance with the Australian Health Care Agreement (Medicare) principles. In addition to these, Central Gippsland Health Service has set other objectives which encompass the shared vision, core values and strategic directions of the organisation.

## LOCAL JOBS FIRST ACT 2003

No projects undertaken by Central Gippsland Health Service during 2024/25 met the threshold for Local Jobs First Policy application. As such, no Local Industry Development Plans were required or submitted.



## SOCIAL PROCUREMENT – HOME CARE PACKAGES (CASE STUDY)

CGHS has subcontracted George Gray Centre Incorporated to deliver select services within client’s Home Care Packages. These packages are targeted for clients who are aged over 65. This relationship provides a social support through activity groups, as well as providing lawn mowing services to clients for their home. This program also provides employment opportunities for George Gray Centre’s disability clients.

George Gray Centre Incorporated is a not-for-profit organisation offering a range of services aimed at improving the lives of adults with a disability across the Wellington Shire.

During 2024/25, CGHS purchased \$28,384 (exclusive of GST) of Home Care Package services through Social Procurement with the organisation.

### PROCUREMENT COMPLAINTS

In 2024/25, Central Gippsland Health Service did not receive any complaints in relation to the procurement of goods and services by entities within the scope of the Victorian Government Purchasing Board framework.

### EMERGENCY PROCUREMENT

In 2024/25, Central Gippsland Health Service did not activate any emergency procurement of goods and services within the scope of the Victorian Government Purchasing Board procurement framework.

### GOVERNMENT ADVERTISING CAMPAIGN

In 2024/25, Central Gippsland Health Service had no activities or circumstances that triggered the disclosure threshold of \$100,000 on government advertising expenditure.

## DETAILS OF CONSULTANCIES (UNDER \$10,000)

In 2024/25, there were no consultancies where the total fees payable to the consultants were less than \$10,000.

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

In 2024/25, there were two consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2024/25 in relation to these consultancies is \$34,500 (excl. GST). Details of individual consultancies can be viewed at [www.cghs.com.au](http://www.cghs.com.au)

CONSULTANT	PURPOSE OF CONSULTANCY	START DATE	END DATE	TOTAL APPROVED PROJECT FEE (EXCLUDING GST)	EXPENDITURE 2024/25 (EXCLUDING GST)	FUTURE EXPENDITURE (EXCLUDING GST)
Price Corporation	Human Resources Investigation	Nov 2024	Nov 2024	\$10,500	\$10,500	Nil
Healthcare Consulting Network	Clinical Governance Review	April 2025	April 2025	\$24,000	\$24,000	Nil

## GRANTS AND TRANSFER PAYMENTS

Central Gippsland Health Service has not provided assistance in the nature of grants or transfer payments to any companies and/or organisations in 2024/25.

## REVIEWS AND STUDY EXPENSES

During 2024/25, there were no reviews or studies that met the criteria for inclusion in the Annual Report.

## NATIONAL COMPETITION POLICY

CGHS complies with the National Competition Policy, including compliance with the requirements of the policy statement Competitive Neutrality Policy Victoria and any subsequent reforms.

Competitive neutrality is seen as a complementary mechanism to the ongoing quest to increase operating efficiencies by way of benchmarking and embracing better work practices.

CGHS complies with all government policies regarding competitive neutrality with respect to all tender applications.

There were no competitive neutrality complaints at CGHS during the reporting period.

# BUILDING ACT 1993 COMPLIANCE

CGHS complies with the building and maintenance provisions of the Building Act 1993, including relevant provisions of the National Construction Code.

All new work and redevelopment of existing properties is carried out to conform to the above legislation. The local authority or a building surveyor issues either a Certificate of Final Inspection or an Occupancy Permit for all new works or upgrades to existing facilities.

CGHS requires building practitioners engaged on building works to be registered and to maintain registration throughout the course of the building works.

Major Works Projects (greater than \$50,000) during the 2024/25 financial year included:

## Radiation/Oncology Project

Funding provided by Fighting Cancer – Regional Cancer Treatment Centres for Radiation Therapy. This funding was shared between Bairnsdale Regional Health Service and Central Gippsland Health Service, with our share being \$3,150,000 for development of a new space to assist in the delivery of local cancer support, keeping patients closer to home and their support networks.

## Behavioural Assessment Room

\$190,000 was provided through the Health Service Violence Prevention Fund, with the remaining \$500,000 self-funded through donations etc, to build a Behavioural Assessment Room (BAR) in the Emergency Department. A BAR is a secure, ligature proof room that enables the safe management of patients with behavioural disturbance.

## Community Services Building

\$2,732,000 was provided by the Regional Health Infrastructure Fund to restore our Community Services Building to its former glory, including replacement of support structures, restoration of roof, gutters and drainage on balconies, and repaint of the building in a heritage colour.

## Wilson Lodge

\$570,000 was provided by the Rural Residential Aged Care Facilities Renewal Fund for an extension of the existing building to the south for the installation of a café for residents, their families and the wider community to enjoy.

## Fire Panel Replacement

\$144,763.20 was budgeted from the annual allocation of infrastructure funds to replace end-of-life Fire Panels (three in total) and one emergency warning system.

Five building permits were issued during the period in relation to the above projects.

CGHS engages an external provider (ASEG) to provide an annual safety measures report in relation to its buildings, and internally manages the scheduling of preventative maintenance using a building management system (FMI).

There were no emergency orders or building orders issued in relation to buildings during the reporting period.

Five yearly fire risk audits were conducted in 2022/23, and will be due again in 2027/28.

CGHS installs and maintains fire safety equipment in accordance with building regulations and regularly conducts audits. The upgrading of fire prevention equipment in buildings is also undertaken as part of any general upgrade of properties, where necessary, and is identified in maintenance inspections.

# SAFE PATIENT CARE ACT 2015

Central Gippsland Health Service (CGHS) has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

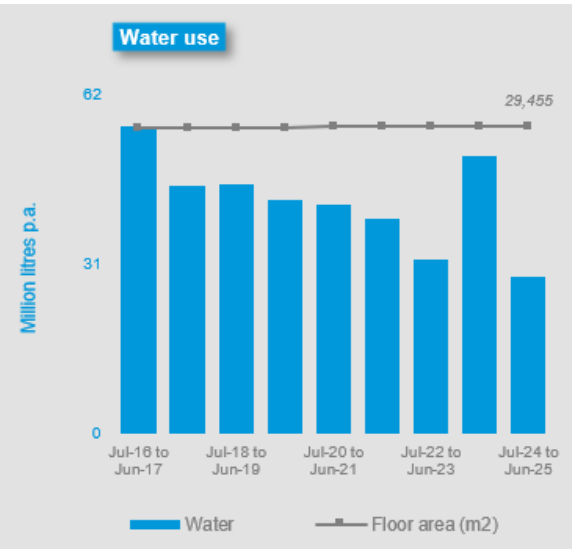
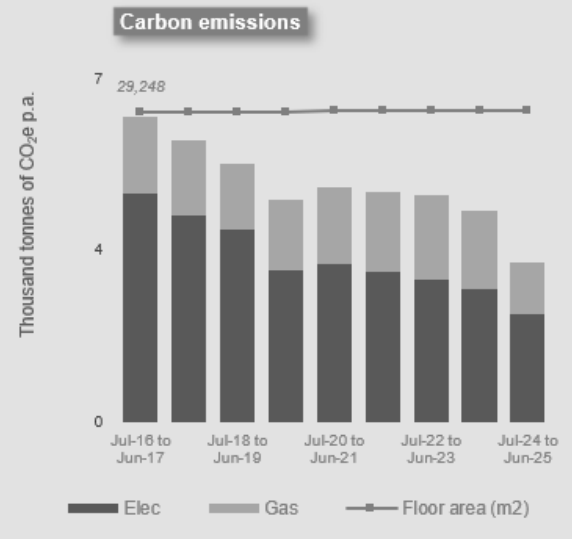
# ENVIRONMENTAL PERFORMANCE

CGHS continues to work towards improving its environmental performance, including reducing reliance on gas and replacing gas powered equipment with electrical equivalents and/or new technologies and systems.

During 2024/25, CGHS continued to employ environment-friendly strategies, such as:

- Ongoing upgrades to the carrier Building Management System to improve control of heating/cooling, increasing efficiencies and moving away from fixed speed motors to variable speed drive motors, to reduce power consumption.
- Reducing annual carbon emissions through solar installation, as well as achieving an overall 30 per cent energy saving and investigating further options for installation of solar.
- Investigating potential for solar with Autonomous Vehicle (AV) charging, to move from a fossil fueled vehicle fleet to an electric vehicle fleet. A proposal is being considered for additional solar production by roofing over the south staff carpark (this would also provide Electrical Vehicle (EV) charging). The proposal would require funding to proceed.
- Replacing fluorescent tubes with Light-Emitting Diode (LED) fittings to reduce carbon emissions and waste to landfill.
- Installing fixtures, fittings and equipment in new buildings, refurbishments and renovations to reduce water usage.
- Working to remove natural gas from the Sale site – CGHS recently received funding to replace sterilisers that relied on gas fired steam; these are now fully electric. CGHS also self-funded the replacement of steam pots in the kitchen which enabled staff to turn off gas fired steam boilers, provides greater reliability for the sterilisation of reusable instruments, and improved food quality and functionality within the kitchen while considerably reducing the use of gas.
- Investigating electrification of domestic hot water, with a fee proposal received for required equipment. This proposal would require funding to proceed. CGHS is currently working with the Victorian Health Building Authority (VHBA) on gas substitution, reviewing all gas infrastructure on site and its usage, with the intention to reduce reliance on natural gas.
- CGHS separates its waste into general and recyclable waste (the latter being cardboard, commingled, Polyvinyl Chloride (PVC), medical and trade waste). We continue to work towards maximising the HealthShare Victoria contract to separate waste and recognise value.
- CGHS, in partnership with VHBA, has entered into an energy performance contract which will consider additional solar; Variable Speed Drive (VSD) motors rather than fixed speed; transitioning of fluorescent lighting to LED; heat recovery; water savings; replacement of domestic gas hot water with heat pumps; replacement of energy hungry equipment with modern energy efficient equipment; and better use of a Building Management System (BMS) for building heating and cooling loads (to match building occupancy profiles and times).

## Environmental impacts



# Environmental Impacts and Energy Usage

ELECTRICITY USE	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>Total electricity consumption segmented by source (MWh)</b>				
Purchased	3,014.42	3,587.44	3,596.74	-15.97%
Self-generated		824.73	822.70	
<b>Total electricity consumption (MWh)</b>	<b>3,014.42</b>	<b>4,412.17</b>	<b>4,419.44</b>	<b>-31.68%</b>
<b>On site-electricity generated (MWh) segmented by: Consumption behind-the-meter</b>				
Solar Electricity		824.73	822.70	
<b>Total Consumption behind-the-meter (MWh)</b>		<b>824.73</b>	<b>822.70</b>	
<b>Exports</b>				
<b>Total On site-electricity generated (MWh)</b>		<b>824.73</b>	<b>822.70</b>	
<b>On-site installed generation capacity (kW converted to MW) segmented by:</b>				
Diesel Generator	0.80	0.80	0.80	0.00%
Solar System	0.92	0.92	0.92	0.00%
<b>Total On-site installed generation capacity (MW)</b>	<b>1.72</b>	<b>1.72</b>	<b>1.72</b>	<b>0.00%</b>
<b>Total electricity offsets segmented by offset type (MWh)</b>				
RPP (Renewable Power Percentage in the grid)	554.09	672.96	676.19	-17.66%
<b>Total electricity offsets (MWh)</b>	<b>554.09</b>	<b>672.96</b>	<b>676.19</b>	<b>-17.66%</b>

STATIONARY ENERGY	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>Total fuels used in buildings and machinery segmented by fuel type (MJ)</b>				
Natural gas	21,318,212.40	32,746,629.90	34,778,374.30	-34.90%
<b>Total fuels used in buildings (MJ)</b>	<b>21,318,212.40</b>	<b>32,746,629.90</b>	<b>34,778,374.30</b>	<b>-34.90%</b>
<b>Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO<sub>2</sub>-e(t))</b>				
Natural gas	1,098.53	1,687.43	1,792.13	-34.90%
<b>Greenhouse gas emissions from stationary fuel consumption (CO<sub>2</sub>-e(t))</b>	<b>1,098.53</b>	<b>1,687.43</b>	<b>1,792.13</b>	<b>-34.90%</b>



TRANSPORTATION ENERGY	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)				
Executive fleet - E10	526,304,289.60	1,016,742,600.00		-48.24%
<b>Petrol (E10)</b>	<b>526,304,289.60</b>	<b>1,016,742,600.00</b>		<b>-48.24%</b>
Executive fleet - Diesel	1,285,412,810.00	2,102,047,148.00		-38.85%
Non-executive fleet - Diesel		106,369.60	67,534.90	
<b>Diesel</b>	<b>1,285,412,810.00</b>	<b>2,102,153,517.60</b>	<b>67,534.90</b>	<b>-38.85%</b>
<b>Total energy used in transportation (vehicle fleet) (MJ)</b>	<b>1,811,717,099.60</b>	<b>3,118,896,117.60</b>	<b>67,534.90</b>	<b>-41.91%</b>
Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO <sub>2</sub> -e(t))				
Executive fleet - E10	32,050.88	61,917.59		-48.24%
<b>Petrol (E10)</b>	<b>32,050.88</b>	<b>61,917.59</b>		<b>-48.24%</b>
Executive fleet - Diesel	90,505.92	148,005.14		-38.85%
Non-executive fleet - Diesel		7.49	4.76	
<b>Diesel</b>	<b>90,505.92</b>	<b>148,012.63</b>	<b>4.76</b>	<b>-38.85%</b>
<b>Total Greenhouse gas emissions from transportation (vehicle fleet) (CO<sub>2</sub>-e(t))</b>	<b>122,556.79</b>	<b>209,930.22</b>	<b>4.76</b>	<b>-41.62%</b>
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				
Total vehicle travel associated with entity operations (1,000 km)				
Total vehicle travel associated with entity operations (1,000 km)				
Greenhouse gas emissions from vehicle fleet (CO <sub>2</sub> -e(t) per 1,000 km)				
CO <sub>2</sub> -e(t) per 1,000 km				

TOTAL ENERGY USE	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)</b>				
Total energy usage from stationary fuels (F1) (MJ)	21,318,212.40	32,746,629.90	34,778,374.30	-34.90%
Total energy usage from transport (T1) (MJ)	1,811,717,099.60	3,118,896,117.60	67,534.90	-41.91%
<b>Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)</b>	<b>1,811,717,099.60</b>	<b>3,151,642,747.50</b>	<b>34,845,909.20</b>	<b>-41.84%</b>
<b>Total energy usage from electricity (MJ)</b>				
<b>Total energy usage from electricity (MJ)</b>	<b>10,851,915.74</b>	<b>15,883,803.36</b>	<b>15,910,000.28</b>	<b>-31.68%</b>
<b>Total energy usage segmented by renewable and non-renewable sources (MJ)</b>				
Renewable	10,851,915.50	15,883,803.40	5,396,004.87	-31.68%
Non-renewable (E1 + E2 - E3 Renewable)	1,833,035,312.24	3,151,642,747.46	45,359,904.61	-41.84%
<b>Units of Stationary Energy used normalised: (F1+E2)/normaliser</b>				
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	2,541.08	1,993.79	2,132.36	27.45%
Energy per unit of LOS (MJ/LOS)	1,357.22	1,817.42	1,732.11	-25.32%
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	884.69	950.76	955.75	-6.95%
Energy per unit of Separations (MJ/Separations)	2,785.29	3,572.35	3,828.14	-22.03%
Energy per unit of floor space (MJ/m2)	1,092.18	1,651.01	1,720.88	-33.85%
<b>SUSTAINABLE PROCUREMENT</b>				
	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range

WATER USE	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>Total units of metered water consumed by water source (kL)</b>				
Potable water (kL)	28,664.43	50,881.12	31,975.28	-43.66%
<b>Total units of water consumed (kL)</b>	<b>28,664.43</b>	<b>50,881.12</b>	<b>31,975.28</b>	<b>-43.66%</b>

<b>Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity</b>				
Water per unit of Aged Care OBD (kL/Aged Care OBD)	2.26	2.09	1.35	8.54%
Water per unit of LOS (kL/LOS)	1.21	1.90	1.09	-36.40%
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.79	0.99	0.60	-20.76%
Water per unit of Separations (kL/Separations)	2.48	3.74	2.41	-33.60%
Water per unit of floor space (kL/m2)	0.97	1.73	1.09	-43.66%

WASTE AND RECYCLING	JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>Total units of waste disposed of by waste stream and disposal method (kg)</b>				
<b>Landfill (total)</b>				
General waste - skips		235,813.50	335,646.00	
<b>Offsite treatment</b>				
Clinical waste - incinerated		1,869.60	1,902.48	
Clinical waste - sharps		2,347.45	2,481.44	
Clinical waste - treated		13,116.12	15,825.52	
<b>Recycling/recovery (disposal)</b>				
Cardboard		49,830.00	71,610.00	
Commingled		10,919.04	14,065.92	
PVC	72.00	1,071.00	191.00	-93.28%
<b>Total units of waste disposed (kg)</b>	<b>72.00</b>	<b>314,966.72</b>	<b>441,722.36</b>	<b>-99.98%</b>

### Total units of waste disposed of by waste stream and disposal method (%)

#### Landfill (total)

General waste	74.87%	75.99%
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#### Offsite treatment

Clinical waste - incinerated	0.59%	0.43%
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Clinical waste - sharps	0.75%	0.56%
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Clinical waste - treated	4.16%	3.58%
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#### Recycling/recovery (disposal)

Cardboard	15.82%	16.21%
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Commingled	3.47%	3.18%
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PVC	100.00%	0.34%	0.04%	29308.66%
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### 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)	2.87	4.01
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Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.21	0.24
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Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.00	0.75	1.03	-99.85%
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#### Recycling rate (%)

Weight of recyclable and organic materials (kg)	72.00	61,820.04	85,866.92	-99.88%
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Weight of total waste (kg)	72.00	314,966.72	441722.36	-99.98%
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Recycling rate (%)	100.00%	19.63%	19.44%	409.49%
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### Greenhouse gas emissions associated with waste disposal (CO<sub>2</sub>-e(t))

CO <sub>2</sub> -e(t)	328.30	461.81
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GREENHOUSE GAS EMISSIONS	JUL 24 - JUN 25	JUL 23 - JUN 24	JUL 22 - JUN 23	% CHANGE Previous to selected range
<b>G1 Total Scope 1 (direct) greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>				
Carbon Dioxide	122,871.73	210,299.31	1,792.33	-41.57%
Methane	34.98	62.93	3.48	-44.41%
Nitrous Oxide	748.61	1,255.41	1.08	-40.37%
<b>Total</b>	<b>123,655.32</b>	<b>211,617.65</b>	<b>1,796.88</b>	<b>-41.57%</b>
<b>Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO<sub>2</sub>-e(t))</b>	<b>1,098.53</b>	<b>1,687.43</b>	<b>1,792.13</b>	<b>-34.90%</b>
<b>Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO<sub>2</sub>-e(t))</b>	<b>122,556.79</b>	<b>209,930.22</b>	<b>4.76</b>	<b>-41.62%</b>
<b>Medical/Refrigerant gases</b>				
<b>Total Scope 1 (direct) greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>	<b>123,655.32</b>	<b>211,617.65</b>	<b>1,796.89</b>	<b>-41.57%</b>
<b>Total Scope 2 (indirect electricity) greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>				
Electricity	1,984.60	2,359.53	2,470.79	-15.89%
<b>Total Scope 2 (indirect electricity) greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>	<b>1,984.60</b>	<b>2,359.53</b>	<b>2,470.79</b>	<b>-15.89%</b>
<b>Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO<sub>2</sub>-e(t))</b>				
Commercial air travel				
Waste emissions (WR5)		328.30	461.81	
Indirect emissions from Stationary Energy	354.79	422.29	457.45	-15.98%
Indirect emissions from Transport Energy	30,384.83	52,106.43	1.17	-41.69%
Paper emissions				
Any other Scope 3 emissions	46.89	85.38	54.16	-45.09%
<b>Total Scope 3 greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>	<b>30,786.50</b>	<b>52,942.41</b>	<b>974.60</b>	<b>-41.85%</b>
<b>G(Opt) Net greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>				
<b>Gross greenhouse gas emissions (G1 + G2 + G3) (CO<sub>2</sub>-e(t))</b>	<b>156,426.43</b>	<b>266,919.59</b>	<b>5,242.27</b>	<b>-41.40%</b>
<b>Any Reduction Measures Offsets purchased (EL4-related)</b>				
<b>Any Offsets purchased</b>				
<b>Net greenhouse gas emissions (CO<sub>2</sub>-e(t))</b>	<b>156,426.43</b>	<b>266,919.59</b>	<b>5,242.27</b>	<b>-41.40%</b>

NORMALISATION FACTORS		JUL 24 - JUN 25	JUL 23 - JUN24	JUL 22 - JUN 23	% CHANGE Previous to selected range
1000km (Corporate)					
1000km (Non-emergency)					
Aged Care OBD		12,660.00	24,391.00	23,771.00	-48.10%
ED Departures		15,223.00	17,371.00	17,328.00	-12.37%
FTE			715.00	699.00	
LOS		23,703.00	26,758.00	29,264.00	-11.42%
OBD		36,363.00	51,149.00	53,035.00	-28.91%
PPT		63,136.00	82,133.00	83,604.00	-23.13%
Separations		11,550.00	13,613.00	13,241.00	-15.15%
Total Area m <sup>2</sup>		29,455.00	29,455.00	29,455.00	0.00%



# Asset Management Accountability Framework

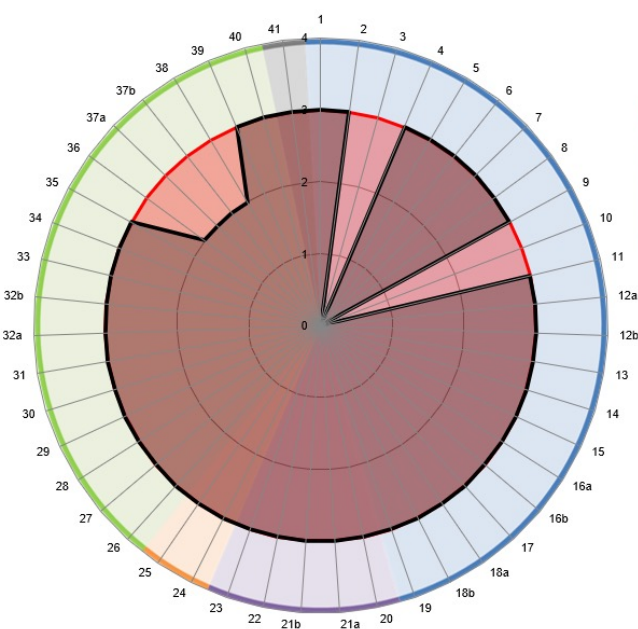
The following sections summarise CGHS’s assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF).

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 Department of Treasury and Finance website (<https://www.dtf.vic.gov.au/infrastructure-investment/assetmanagement-accountability-framework>).

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

## COMPLIANCE AND MATURITY RATING TOOL

### ASSET MANAGEMENT MATURITY



#### Legend

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

Target



Overall



## LEADERSHIP AND ACCOUNTABILITY

### (REQUIREMENTS 1-19)

CGHS has met its target maturity level under most requirements within this category. CGHS did not comply with some requirements in the areas of overview and key requirements, monitoring reporting to government and other requirements.

There is no material non-compliance reported in this category. A plan for improvement is in place to improve CGHS’s maturity rating in these areas.

## PLANNING

### (REQUIREMENTS 20-23)

CGHS has met its target maturity level under all requirements within this category.

## ACQUISITION

### (REQUIREMENTS 23 AND 25)

CGHS has met its target maturity level under all requirements within this category.

## OPERATION

### (REQUIREMENTS 26-40)

CGHS has met its target maturity level under most requirements within this category. CGHS did not comply with some requirements in the areas of monitoring and preventive action, maintenance of assets, information management, and record keeping.

There is no material non-compliance reported in this category. CGHS is implementing a plan for improvements that will ensure future compliance and maturity rating within this category.

## DISPOSAL

### (REQUIREMENT 41)

CGHS has met its target maturity level under all requirements within this category.

## FREEDOM OF INFORMATION ACT 1982

During 2024/25, CGHS received 114 Freedom of Information (FOI) applications. Of these requests, 65 were from Solicitors of Professional Bodies and the remainder from the general public.

CGHS made 101 FOI decisions during the 12 months ended 30 June 2025.

There were 101 decisions made within the statutory time periods. No decisions were made outside time.

Of the total decisions made, 100 granted access to documents in full, one granted access in part and no decisions were denied access in full. No decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant.

Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 19 days.

During 2024/25, one request was subject to a complaint/internal review by the Office of the Victorian Information Commissioner. No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

CGHS manages all FOI requests in accordance with the Freedom of Information Act 1982.

To make an FOI request, contact the FOI Manager at [foi.request@cghs.com.au](mailto:foi.request@cghs.com.au) or on (03) 5143 8552.

A fee is levied for this service based on the time involved in retrieving and copying the requested documents.

CGHS's nominated officers under the Freedom of Information Act 1982 are:

### PRINCIPAL OFFICER

Mr Mark Dykgraaf, Chief Executive Officer

### FREEDOM OF INFORMATION MANAGER

Ms Aileen Onley, General Manager Business Performance and Data Analytics

## PUBLIC INTEREST DISCLOSURE ACT 2012

CGHS complies with the regulations in the Public Interest Disclosure Act 2012 (the Act) which came into operation on 10 February 2013 (amended on 6 April 2020). The purposes of the Act are to:

- encourage and facilitate disclosures of
  - (i) improper conduct by public officers, public bodies and other persons, and
  - (ii) detrimental action taken in reprisal for a person making a disclosure under the Public Interest Disclosure Act 2012.
- provide protection for
  - (i) persons who make those disclosures, and
  - (ii) persons who may suffer detrimental action in reprisal for those disclosures.
- provide for the confidentiality of the content of those disclosures and the identity of persons who make those disclosures.

These procedures, established by the public body under Part 9, are available to all staff on our organisational document management system (PROMPT) and included in our onboarding handbook for all new employees. Members of the public can access information about these CGHS procedures by contacting the Human Resources department at [hadmin@cghs.com.au](mailto:hadmin@cghs.com.au).

During the year 2024/25, CGHS did not report any disclosure to IBAC under Section 21(2).

## ADDITIONAL INFORMATION AVAILABLE ON REQUEST

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

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

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

This information is available on request from:

Chief Executive Officer

Phone: **(03) 5143 8319**

Email: **[ceo.office@cghs.com.au](mailto:ceo.office@cghs.com.au)**



# Year in Review

## ADMITTED SERVICES

2024/25

### SEPARATIONS

Same Day	8,672
Multi Day	4,166
Sub-Acute	539
Total Separations	13,377

### THEATRE SERVICES

Emergency Surgery	405
Planned Surgery	3,209
Total Surgical Occasions	3,614

### HOSPITAL ACTIVITY

Bed Days	28,141
Emergency Department Attendances	18,243
Babies Birthed	315

### COMMUNITY SERVICES

Hours delivered by Community Services	85,738
Meals Delivered	16,934
Hours delivered to externally funded community, aged care package clients	5,909
Palliative Care Contacts	12,519
Non-admitted Subacute and Specialist Outpatient Clinic Service Events	41,147

Data Sourced from QLIK, iPM and Carelink

## SUMMARY OF FINANCIAL RESULTS

	2025 \$000	2024 \$000	2023 \$000	2022 \$000	2021 \$000
<b>Operating Result*</b>	<b>-1,741</b>	<b>-3,968</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total Revenue	153,883	141,822	141,812	128,266	117,550
Total Expenses	163,580	149,425	145,174	132,225	121,584
<b>Net result from transactions</b>	<b>-9,697</b>	<b>-7,603</b>	<b>-3,362</b>	<b>- 3,960</b>	<b>-4,034</b>
Total other economic flows	-870	-415	-199	- 1,589	-30
<b>Net Result</b>	<b>-10,567</b>	<b>-8,018</b>	<b>-3,561</b>	<b>- 5,548</b>	<b>-4,064</b>
Total Assets	102,934	112,475	86,261	86,516	88,065
Total Liabilities	42,388	41,363	42,416	41,962	41,633
<b>Net Assets / Total Equity</b>	<b>60,546</b>	<b>71,112</b>	<b>43,845</b>	<b>44,554</b>	<b>46,432</b>

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

## RECONCILIATION OF NET RESULT FROM TRANSACTIONS AND OPERATING RESULT

	2024/25 \$000
Operating Result	(1,741)
Capital purpose income	2,173
Specific income	1,508
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply	311
State supply items consumed up to 30 June 2025	(63)
Depreciation and amortisation	(11,751)
Finance costs (other)	(134)
<b>Net result from transactions</b>	<b>(9,697)</b>

## A SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION DURING THE YEAR

The net financial position for CGHS was a net operating loss after depreciation of \$9.7 million compared to the 2024 operating loss of \$7.6 million (a difference of \$2.1 million). The change in the result was due to an increase in employee expenses (\$5.2 million increase) and supplies and consumables (\$3.7 million increase). Revenue for the year increased from 2024 to 2025 by \$12.1 million, the significant contributor being State and Commonwealth Government Grants; whilst expenses for the year increased from \$149.4 million (2024) to \$163.6 million, the significant contributors being employee expenses (5.4% increase), depreciation (50.84% increase) and supplies and consumables (14.93% increase).

More specific disclosures on the changes in the financial result in 2025 compared to 2024 are provided in the financial statements section of this annual report.

## THE OPERATIONAL AND BUDGETARY OBJECTIVES AND PERFORMANCE AGAINST OBJECTIVES

During the financial year, operational and budgetary objectives included activities and achievements to deliver a balanced budget position (before capital and depreciation), approved by the Department of Health (DH). The 2024/25 operations were influenced by the impact of enterprise bargaining on salary and wages, the impact of inflation on supplies and consumables and increases in the cost of non-salaried staff. Central Gippsland Health Service undertook cost saving measures that did not impact front line services to achieve the desired result. DH supported CGHS to the value of budgeted activity to cover increased costs related to inflationary pressures.

## EVENTS SUBSEQUENT TO BALANCE DATE

Nil events.

## INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The total ICT expenditure incurred during 2024/25 was \$5,884,700 (excluding GST) with the details shown below:

BUSINESS AS USUAL (BAU) ICT EXPENDITURE	
Total (excluding GST)	\$5,884,700
NON-BUSINESS AS USUAL (NON-BAU) ICT EXPENDITURE	
Total=operational expenditure and capital expenditure (excluding GST)	\$0
Operational expenditure (excluding GST)	\$0
Capital expenditure (excluding GST)	\$0



## DATA INTEGRITY

I, Mark Dykgraaf, certify that Central Gippsland Health Service has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Central Gippsland Health Service has critically reviewed these controls and processes during the year.



**Mark Dykgraaf**  
*Accountable Officer*  
*Central Gippsland Health Service*  
*30 June 2025*

## INTEGRITY, FRAUD AND CORRUPTION

I, Mark Dykgraaf, certify that Central Gippsland Health Service has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Central Gippsland Health Service during the year.



**Mark Dykgraaf**  
*Accountable Officer*  
*Central Gippsland Health Service*  
*30 June 2025*

## CONFLICT OF INTEREST

I, Mark Dykgraaf, certify that Central Gippsland 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 Victorian Public Sector Commission (VPSC). Declaration of private interest forms have been completed by all executive staff within Central Gippsland 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.



**Mark Dykgraaf**  
*Accountable Officer*  
*Central Gippsland Health Service*  
*30 June 2025*



## COMPLIANCE WITH HEALTHSHARE VICTORIA (HSV) PURCHASING POLICIES

I, Mark Dykgraaf, certify that Central Gippsland 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, except for the following material non-compliance issues:

HSV PP REQUIREMENT	SUMMARY OF ISSUE	ACTIONS BEING TAKEN TO ADDRESS	TIMEFRAME
<b>HSV PP1 2.2) e) v)</b>			
Submit in the form provided, a register of current contracts for the purchasing of goods and services, or the management and disposal of goods in respect of the health services business which are in place at the time of submission	Gaps in meta data for legacy contracts in JAGGAER contract, tender and supplier management database for CGHS contracts. The June 2022/23 report to HSV lacked full detail at the time of submission.	Address the gaps highlighted in contract recordkeeping and associated reporting to HSV.	December 2025
<b>HSV PP4 2.2) b)</b>			
Health services include the following minimum clauses within contracts: i. Transition clause ii. Confidentiality clause iii. Supplier code of conduct	Inconsistent outcome for inclusion of the minimum contract terms.	Implement minimum clauses for new CGHS purchase contracts executed.	May 2026
<b>HSV PP4 2.2) c)</b>			
Health services establish and implement processes and mechanisms for the disposal of assets to support a whole of life cycle procurement approach in line with the Department of Treasury and Finance Asset Management Accountability Framework	Inconsistent outcome for evidence of minimum requirements to effect asset disposal controls.	Ensure that minimum requirements are completed and audit trails are maintained for verification of CGHS's asset disposals in FY2024/25.	December 2025

HSV PP REQUIREMENT	SUMMARY OF ISSUE	ACTIONS BEING TAKEN TO ADDRESS	TIMEFRAME
<b>HSV PP5 2.2) b)</b>			
Compliance with HSV collective agreements, supply chain conditions / specifications, and HSV approved SPC and SEPC opportunities, including reporting	CGHS reporting to HSV on collective agreements did not include estimated contract spend and off spend details.	Implement CGHS reporting of its compliance with HSV collective agreements, supply chain conditions/ specifications.	To be confirmed (in April 2025 HSV agreed to an exemption as there were no tools developed to analyse and report this data.)



**Mark Dykgraaf**  
*Accountable Officer*  
*Central Gippsland Health Service*  
*30 June 2025*

## CENTRAL GIPPSLAND HEALTH SERVICE FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION STATEMENT

I, Arthur Skipitaris, on behalf of the Responsible Body, certify that Central Gippsland Health Service has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.



**Arthur Skipitaris**  
*Responsible Officer*  
*Central Gippsland Health Service*  
*30 June 2025*



# Statement of Priorities

## PART A

In 2024/25, Central Gippsland Health Service contributed to the achievement of the Victorian Government's commitments by:

### EXCELLENCE IN CLINICAL GOVERNANCE

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.

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
<p><b>MA2</b> – Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients</p>	<p>Strengthen clinical governance systems that support safe care, including clear recognition, escalation and addressing clinical risk and preventable harm.</p> <p>Improve paediatric patient outcomes by implementing the “ViCTOR track and trigger” observation chart and escalation system whenever children have observations taken.</p>	<p>Ongoing</p> <p>CGHS continued to strengthen clinical governance with a restructure of Morbidity and Mortality Committees; and the advent of a Clinical Advisory Committee in the Aged Care Division.</p> <p>Achieved</p> <p>The ViCTOR track and trigger system has been in place at CGHS for a number of years.</p>
<p><b>MA6</b> – Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times</p>	<p>Embed internal standards and agreements that support the delivery of patient centred care, through identification of ‘how we do things here’ to support patient flow.</p>	<p>Ongoing</p> <p>CGHS continues to strengthen patient care through the Excellence Program. The average length of stay for an Emergency Department admission to an inpatient bed has been maintained within target range, while average length of stay for planned admissions is one of the lowest in the State as a result of ongoing work over the past three years.</p>

## OPERATE WITHIN BUDGET

Ensure prudent and responsible use of available resources to achieve optimum outcomes.

### GOALS

### HEALTH SERVICE DELIVERABLES

### ACHIEVEMENTS/OUTCOME

**MB1** – Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service

Deliver on the key initiatives as outlined in the Budget Action Plan.

Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.

Achieved

CGHS had a very financially successful year with ongoing work driving revenue capture and containing costs.

The result is that CGHS has delivered just over 14,000 NWAU of services against a funded 11,669 NWAU while delivering a small operating deficit.

## IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.

Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

### GOALS

### HEALTH SERVICE DELIVERABLES

### ACHIEVEMENTS/OUTCOME

**MC2, MC3** – Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.

Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer workforce.

Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.

Ongoing

CGHS has a long history of employing an Aboriginal Health Liaison Officer who works closely with the CGHS Aboriginal and Torres Strait Islander Committee.

The Committee has continued to guide significant work under the Reconciliation Action Plan.

CGHS has well established cultural symbols and spaces across the organisation.

Ongoing opportunities are sought to strengthen a culturally safe environment.

**MC4** – Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal businesses.

Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.

Ongoing

CGHS has a well-established mandatory cultural awareness training program developed and oversighted by the Aboriginal and Torres Strait Islander Advisory Committee.

## A STRONGER WORKFORCE

There is an increased supply of critical roles that support safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities, and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experiences that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time, closer to home.

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
<p><b>MD1</b> - Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.</p>	<p>Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.</p>	<p>Ongoing</p> <p>CGHS has delivered strong leadership support through a 'deepening leadership' approach to business management within the organisation. This includes developing and strengthening leadership teams with effective support from executive management.</p> <p>The CGHS Occupational Health and Safety (OHS) program has continued to be developed through the OHS Committee, Occupational Violence and Aggression (OVA) training, and implementation of a Dementia Care Program and Mental Health Model of Care.</p> <p>All staff at CGHS are required to complete an annual capability development plan with their manager/team leader. Career development is discussed in these sessions along with further training and career development opportunities.</p>
<p><b>MD2</b> - Explore new and contemporary models of care and practice, including future roles and capabilities.</p>	<p>Continue to develop and implement the Central Gippsland Health Service Excellence in Care/Excellence in Service program.</p>	<p>Ongoing</p> <p>The Central Gippsland Health Service Excellence in Care/Excellence in Service Program has continued to strengthen, with significant work ongoing in all six divisions of the organisation.</p>



# MOVING FROM COMPETITION TO COLLABORATION

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence, and data flows, enabled by advanced interoperable platforms.

GOALS	HEALTH SERVICE DELIVERABLES	ACHIEVEMENTS/OUTCOME
<b>ME1</b> - Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system.	Deliver strengthened partnership with general practice through a range of initiatives and meetings.	Ongoing  CGHS continues to meet quarterly with general practice and works in close partnership on a number of initiatives, including Residential In-Reach and the Better at Home program.
<b>ME2</b> - Engage in integrated planning and service design approaches while ensuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	Continue to develop and deliver the integrated surgical services plan.	Ongoing  Surgical capacity at CGHS operated at over 95% throughout 2024/25.  Work has continued to shorten length of stay, with significant improvements in Orthopaedic length of stay maintained within the reporting period.



# Statement of Priorities

## PART B: PERFORMANCE PRIORITIES

### HIGH QUALITY AND SAFE CARE

KEY PERFORMANCE MEASURE	TARGET	RESULT
<b>Infection Prevention and Control</b>		
Percentage of healthcare workers immunised for influenza	94%	98%
<b>Continuing Care</b>		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.945
<b>Adverse Events</b>		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 days from notification of the event	All RCA reports submitted within 30 business days	100%
<b>Aged Care</b>		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	100%
<b>Patient Experience</b>		
Percentage of patients who reported positive experiences of their hospital stay	95%	98%
<b>Aboriginal Health</b>		
The gap between the number of Aboriginal patients who discharged against medical advice* compared to non-Aboriginal patients	0%	1%
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments compared to non-Aboriginal patients	0%	4%

\* Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

## STRONG GOVERNANCE, LEADERSHIP AND CULTURE

KEY PERFORMANCE MEASURE	TARGET	RESULT
<b>Organisational culture</b>		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	59%

## TIMELY ACCESS TO CARE

KEY PERFORMANCE MEASURE	TARGET	RESULT
<b>Emergency Care</b>		
Percentage of patients transferred from ambulance to emergency department within 40 minutes**	77%	76%
Number of emergency patients with a length of stay in the ED greater than 24 hours	Zero	8
Mean ED length of stay (admitted) in minutes***	390	428
Mean ED length of stay (non-admitted) in minutes****	240	213
Inpatient length of stay in minutes	3453	3613
<b>Specialist Clinics</b>		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe*****	95%	100%
<b>Home Based Care</b>		
Percentage of admitted bed days delivered at home	6.3%	5.1%

\*\*Health Services are expected to progress towards the target of 90% by demonstrating improvement of 4% or achieving at least 80% for this current year.

\*\*\*Services that have reached 306 minutes are expected to maintain or improve performance for this measure.

\*\*\*\*Services that have reached 240 minutes are expected to maintain or improve performance for this measure.

\*\*\*\*\*30 days for urgent patients, 365 days for routine patients



## EFFECTIVE FINANCIAL MANAGEMENT

KEY PERFORMANCE MEASURE	TARGET	RESULT
<b>Finance</b>		
Operating result (\$m)	0.00	(1.74)
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.8
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

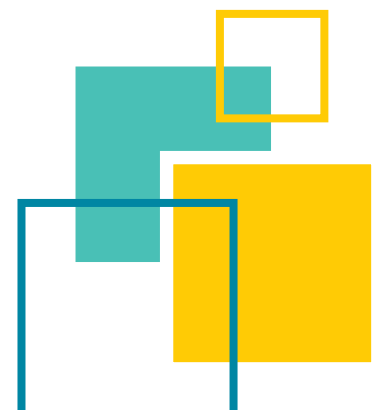
*The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.*

# Statement of Priorities

## PART C: ACTIVITY AND FUNDING

FUNDING TYPE	2024-25 ACTIVITY ACHIEVEMENT
<b>Consolidated Activity Funding</b>	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	13,849
<b>Acute Admitted</b>	
Acute admitted DVA	108
Acute admitted TAC	11
Other Admitted	0
<b>Subacute/Non-Acute, Admitted &amp; Non-admitted</b>	
Palliative care non-admitted	222
Subacute - DVA	7
<b>Aged Care</b>	
Residential Aged Care	57,912
HACC	12,364
<b>Mental Health and Drug Services</b>	
Drug Services	220
<b>Primary Health</b>	
Community Health / Primary Care Programs	16,435
Community health other	214

*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.*



# Disclosure Index

The annual report of Central Gippsland 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.

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## PAGE REF

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*Building Act 1993 – Page 38*

*Public Interest Disclosures Act 2012 – Page 48*

*Carers Recognition Act 2012 – Page 14*

*Local Jobs Act 2003 – Page 34*

*Financial Management Act 1994 (b) – Page 34*

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



CENTRAL  
GIPPSLAND  
HEALTH

# Financial Report

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# Central Gippsland Health Service

## Financial Report

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### How this Report is structured

Central Gippsland Health Service presents its audited Tier 2 general-purpose financial statements for the financial year ended 30 June 2025 in the following structure to provide users with the information about Central Gippsland Health Service's stewardship of the resources entrusted to it.

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Central Gippsland Health Service

Financial Report

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**Central Gippsland Health Service**

**For the Financial Year Ended 30 June 2025**

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

The attached financial statements for Central Gippsland 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 2025 and the financial position of Central Gippsland Health Service at 30 June 2025.

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

We authorise the attached financial statements for issue on 3rd September 2025.

**Board Member**



Arthur Skipitaris  
Board Chair  
Sale, Victoria  
3rd September 2025

**Accountable Officer**



Mark Dykgraaf  
Chief Executive Officer  
Sale, Victoria  
3rd September 2025

**Chief Finance & Accounting Officer**



Emma Brennan  
Chief Finance & Accounting Officer  
Sale, Victoria  
3rd September 2025

# Independent Auditor's Report

## To the Board of Central Gippsland Health Service

<b>Opinion</b>	<p>I have audited the financial report of Central Gippsland Health Service (the health service) which comprises the:</p> <ul style="list-style-type: none"> <li>• balance sheet as at 30 June 2025</li> <li>• comprehensive operating statement for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• cash flow statement for the year then ended</li> <li>• notes to the financial statements, including material accounting policy information</li> <li>• board member's, accountable officer's and chief finance &amp; accounting officer's declaration.</li> </ul> <p>In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 2025 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the <i>Financial Management Act 1994</i> and Australian Accounting Standards - Simplified Disclosures.</p>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. 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 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (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.</p>
<b>Board's responsibilities for the financial report</b>	<p>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 of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>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.</p>



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**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.

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MELBOURNE  
5 September 2025



Simone Bohan  
*as delegate for the Auditor-General of Victoria*



Central Gippsland Health Service

COMPREHENSIVE OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2025

	<i>Note</i>	<b>2025 \$'000</b>	<b>2024 \$'000</b>
<b>Revenue and income from transactions</b>			
Revenue from contracts with customers	2.1	119,665	106,493
Other sources of income	2.1	33,150	34,118
Non-operating activities		1,068	1,211
<b>Total Income from Transactions</b>		<b>153,883</b>	<b>141,822</b>
<b>Expenses from transactions</b>			
Employee expenses	3.1	(101,996)	(96,795)
Depreciation and amortisation	4.1 (a), 4.2	(11,751)	(7,790)
Other operating expenses	3.1	(49,833)	(44,840)
<b>Total Expenses from transactions</b>		<b>(163,580)</b>	<b>(149,425)</b>
<b>Net result from transactions - net operating balance</b>		<b>(9,697)</b>	<b>(7,603)</b>
<b>Other economic flows included in net result</b>			
Net gain /(loss) on sale of non-financial assets		1	(55)
Net (loss)/gain on financial instruments		(83)	21
Other loss from other economic flows		(788)	(381)
<b>Total other economic flows included in net result</b>		<b>(870)</b>	<b>(415)</b>
<b>Net result</b>		<b>(10,567)</b>	<b>(8,018)</b>
<b>Other economic flows - other comprehensive income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment revaluation surplus		-	35,286
<b>Total Other Comprehensive Income</b>			
<b>Comprehensive result</b>		<b>(10,567)</b>	<b>27,268</b>

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

Central Gippsland Health Service

BALANCE SHEET AS AT 30 JUNE 2025

	Note	2025 \$'000	2024 \$'000
<b>ASSETS</b>			
<b>Financial assets</b>			
Cash and cash equivalents	6.2	16,346	19,074
Receivables	5.1	4,573	4,612
<b>Total financial assets</b>		<u>20,919</u>	<u>23,686</u>
<b>Non-financial assets</b>			
Prepayments		797	743
Inventories		347	500
Property, Plant and Equipment	4.1 (a)	80,870	87,545
<b>Total non-financial assets</b>		<u>82,015</u>	<u>88,788</u>
<b>Total assets</b>		<u>102,934</u>	<u>112,474</u>
<b>LIABILITIES</b>			
<b>Liabilities</b>			
Payables	5.2	9,509	9,880
Borrowings		2,640	2,965
Employee Benefits	3.1 (b)	24,304	21,638
Other Liabilities	5.3	5,937	6,880
<b>Total liabilities</b>		<u>42,388</u>	<u>41,362</u>
<b>Net assets</b>		<u>60,546</u>	<u>71,112</u>
<b>Equity</b>			
Reserves		98,640	98,640
Contributed Capital		37,148	37,148
Accumulated Deficits		(75,243)	(64,676)
<b>TOTAL EQUITY</b>		<u>60,545</u>	<u>71,112</u>

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

Central Gippsland Health Service

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

		Property, Plant and Equipment Revaluation Surplus	Restricted Specific Purpose Surplus	Contributed Capital	Accumulated Deficits	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2023</b>		<b>62,154</b>	<b>1,200</b>	<b>37,148</b>	<b>(56,658)</b>	<b>43,844</b>
Net result for the year		-	-	-	(8,018)	(8,018)
Other comprehensive income for the year		35,286	-	-	-	35,286
<b>Balance at 30 June 2024</b>		<b>97,440</b>	<b>1,200</b>	<b>37,148</b>	<b>(64,676)</b>	<b>71,112</b>
Net result for the year		-	-	-	(10,567)	(10,567)
<b>Balance at 30 June 2025</b>		<b>97,440</b>	<b>1,200</b>	<b>37,148</b>	<b>(75,243)</b>	<b>60,545</b>

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

Central Gippsland Health Service

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$'000	2024 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Government Grants (State) - Operating		87,763	81,294
Government Grants (Commonwealth) - Operating		28,683	23,642
Grants - Other Agency		1,803	1,943
Government Grants (State) - Capital		1,241	1,689
Government Grants (Commonwealth) - Capital		931	948
Patient and Resident Fees Received		6,709	7,234
Private Fees Received		5,685	5,433
Donations and Bequests Received		442	453
GST Received from ATO		354	-
Interest and investment income received		1,068	1,211
Other Receipts		17,133	16,925
<b>Total receipts</b>		<b>151,812</b>	<b>140,772</b>
Employee Expenses Paid		(90,607)	(87,425)
Fee for Service Medical Officers		(8,656)	(8,694)
Payments for Supplies and Consumables		(25,278)	(22,694)
Payments for medical indemnity insurance	3.1	(1,893)	(1,667)
Payments for repairs and maintenance		(2,304)	(2,226)
GST paid to ATO		-	(315)
Other Payments		(21,211)	(20,543)
<b>Total payments</b>		<b>(149,949)</b>	<b>(143,564)</b>
<b>NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES</b>		<b>1,863</b>	<b>(2,792)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of non-financial assets		(5,440)	(4,687)
Capital Donations and Bequests Received		1,507	248
Proceeds from sale of non-financial assets		678	-
<b>NET CASH FLOW USED IN INVESTING ACTIVITIES</b>		<b>(3,255)</b>	<b>(4,439)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Payment of lease principal		(394)	(42)
Receipt of accommodation deposits		2,348	2,040
Repayment of accommodation deposits		(3,291)	(2,175)
<b>NET CASH FLOW USED IN FINANCING ACTIVITIES</b>		<b>(1,337)</b>	<b>(177)</b>
<b>NET DECREASE IN CASH AND CASH EQUIVALENTS HELD</b>		<b>(2,729)</b>	<b>(7,408)</b>
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		19,074	26,482
<b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b>	6.2	<b>16,345</b>	<b>19,074</b>

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

## Notes to the Financial Statements

### Structure

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

## Note 1 About this Report

These financial statements represent the financial statements of Central Gippsland Health Service for the year ended 30 June 2025.

Central Gippsland Health Service is a not-for-profit entity established as a public agency on 1 November 1999 under the Health Services Act 1998 (Vic). A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

### 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).

Central Gippsland Health Service is a Tier 2 entity in accordance with FRD 101. These financial statements are the first general purpose financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. Central Gippsland Health Service's prior year financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards (Tier 1). As Central Gippsland Health Service is not a 'significant entity' as defined in FRD 101, it was required to change from Tier 1 to Tier 2 reporting effective from 1 July 2024.

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

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

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

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

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

The financial statements are in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Central Gippsland Health Service on 3 September 2025.



**Note 1.2 Material accounting estimates and judgements**

Management make estimates and judgements when preparing the financial statements.

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

Revisions to key estimates are recognised in the period in which the estimate is revised and 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 the Central Gippsland Health Service. Refer to Note 8.6 for further details of controlled entities.

Central Gippsland Health Service's principal address is:

155 Guthridge Parade  
Sale Victoria 3850.

**Note 1.4 Economic dependency**

Central Gippsland 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. Central Gippsland Health Service provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA). The State of Victoria plans to continue Central Gippsland Health Services operations and on that basis, the financial statements have been prepared on a going concern basis.

Note 2 Funding delivery of our services

Central Gippsland Health Service's overall objective is to deliver programs and services that support and enhance the wellbeing of all Victorians. Central Gippsland Health Service is predominantly funded by grant funding for the provision of outputs. The hospital also receives income from the supply of services.

Structure

2.1 Revenue and Income from transactions

Note 2.1: Revenue and Income from Transactions

	Note	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1 (a)	119,665	106,493
Other sources of income	2.1 (b)	33,150	34,118
Total revenue and income from transactions		152,815	140,611

Note 2.1 (a): Revenue contracts with customers	Note	2025 \$'000	2024 \$'000
Government Grants (State) - Operating		73,277	65,011
Government Grants (Commonwealth) - Operating		28,173	23,437
Patient and Resident Fees		6,772	7,053
Commercial Activities		11,443	10,992
Total revenue from contracts with customers		119,665	106,493

How we recognise revenue from contracts with customers

Government operating grants

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

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

This policy applies to each of Central Gippsland Health Service’s revenue streams, with information detailed below relating to the 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.

**Note 2.1 (a): Revenue contracts with customers continued**

<b>Government grant</b>	<b>Performance obligation</b>
Pharmaceutical Benefits Scheme (PBS) is a subsidy to improving care for patients moving between hospital and community	<p>PBS revenue is a subsidy provided to pharmaceutical product providers to ensure availability of necessary and lifesaving medicines at an affordable price. Thereby improving the way patients get their medication by bringing the Commonwealth's Pharmaceutical Benefits Scheme (PBS) to public hospitals.</p> <p>The key deliverables of PBS are:</p> <ul style="list-style-type: none"> <li>- provision patients with up to one month's supply of medications rather than the limited supply they previously received</li> <li>- improve continuity of pharmaceutical care</li> <li>- provide access to a group of subsidised chemotherapy drugs for use by day-admitted patients and outpatients, restoring equity between public and private hospital patients and decreasing the financial burden on public hospital pharmacies</li> <li>- improve communication with patients and primary health care providers through the implementation of the Australian Pharmaceutical Advisory Council guidelines on the continuum of pharmaceutical care.</li> </ul> <p>The PBS revenue is recognised on receipt of payments that is made to each individual hospital based on medications the hospital has dispensed on a monthly basis.</p>
Commonwealth Residential Aged Care funding paid as Subsidies and Supplements	<p>Subsidies and supplements are paid by the Commonwealth Government for the care of, and accommodation for our aged care residents. The performance measures relate to the care need of each resident, the location of the facility, or the occupancy of the facility.</p> <p>Revenue is recognised at a point in time, this is at the end of each occupied bed day.</p>
Commonwealth Support at Home paid as Home Care Package client funding	<p>Subsidies and supplements are paid by the Commonwealth Government for the supply of goods and services for our Home Care Package clients. The performance measures relate to the care level of each client, as determined by the Commonwealth government.</p> <p>Revenue is recognised at a point in time, this is after the expense has been incurred.</p>

**Patient and resident fees**

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised 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) Other sources of income**

<b>Note</b>	<b>2025 \$'000</b>	<b>2024 \$'000</b>
Government Grants (State) - Operating	17,875	18,400
Grants (Other Agency) - Operating	559	562
Government Grants (State) - Capital	1,241	1,689
Government Grants (Commonwealth) - Capital	931	948
Cash Donations	1,508	45
Resources received free of charge or for nominal consideration	311	397
Other Revenue from Operating Activities	2,416	3,824
Management Fees	4,000	3,609
Gippsland Health Alliance revenue	3,032	3,304
Salary Recoveries	1,277	1,340
<b>Total other sources of income</b>	<b>33,150</b>	<b>34,118</b>

**Note 2.1(b) Other sources of income continued**

**How we recognise other sources of income**

Central Gippsland 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 Central Gippsland Health Service has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition or the asset, Central Gippsland 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 Central Gippsland 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 Central Gippsland 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.

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

	2025 \$'000	2024 \$'000
Plant and equipment	-	208
Personal Protective Equipment and other consumables	311	189
<b>Total fair value of services received free of charge or for nominal consideration</b>	<b>311</b>	<b>397</b>

**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 Central Gippsland 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 Central Gippsland Health Service as a capital contribution transfer.

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

**Non-cash contributions from the Department of Health**

The Department of Health makes some payments on behalf of Central Gippsland Health Service as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Central Gippsland 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 Health Building Authority	The Department of Health made payments to the Victorian Health Building Authority to fund capital works projects during the year ended 30 June 2025, on behalf of Central Gippsland 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 set out in the relevant Department of Health Hospital Circular.

## Note 3 The cost of delivering our services

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

### Structure

#### 3.1 Expenses incurred in the delivery of services

##### Note 3.1 Expenses incurred in the delivery of services

	Note	2025 \$'000	2024 \$'000
Employee expenses	3.1 (a)	101,996	96,795
Other operating expenses	3.1 (c)	49,833	44,840
<b>Total expenses incurred in the delivery of services</b>		<b>151,829</b>	<b>141,635</b>

	2025 \$'000	2024 \$'000
<b>Note 3.1 (a): Employee expenses</b>		
Salaries and Wages	84,736	80,162
Defined contribution superannuation expense	8,603	7,879
Defined benefit superannuation expense	1	59
Agency Expenses	5,996	5,874
Fee for service medical officer expenses	2,660	2,821
<b>Total employee expenses</b>	<b>101,996</b>	<b>96,795</b>

#### How we recognise employee expenses

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

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

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

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

**Note 3.1 (b) Employee related provisions**

	2025 \$'000	2024 \$'000
<b>Current provisions for employee benefits</b>		
Accrued days off	163	156
Annual leave	8,936	8,333
Long service leave	11,114	9,690
Provision for on-costs	2,545	2,365
<b>Total current provisions for employee benefits</b>	<b>22,758</b>	<b>20,544</b>
<b>Non-current provisions for employee benefits</b>		
Long service leave	1,405	957
Provision for on-costs	141	137
<b>Total non-current provisions for employee benefits</b>	<b>1,546</b>	<b>1,094</b>
<b>Total provisions for employee benefits</b>	<b>24,304</b>	<b>21,638</b>

**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 Central Gippsland 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 Central Gippsland Health Service expects to wholly settle within 12 months or
- present value – if Central Gippsland 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 Central Gippsland 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 measure at:

- nominal value - if Central Gippsland Health Service expects to wholly settle within 12 months; or
- present value - if Central Gippsland 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, workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.



## Central Gippsland Health Service

For the Financial Year Ended 30 June 2025

### Note 3.1(c) Other operating expenses

	2025 \$'000	2024 \$'000
Drug Supplies	8,397	6,311
Medical and Surgical Supplies (including Prostheses)	7,487	6,660
Diagnostic and Radiology Supplies	1,606	1,630
Other Supplies and Consumables	11,376	10,516
Finance Costs	134	110
Fuel, Light, Power and Water	1,626	1,632
Repairs and Maintenance	904	936
Maintenance Contracts	1,398	1,290
Medical Indemnity Insurance	1,893	1,667
Other Expenses	2,956	3,503
Management Fees expense	3,192	2,816
Gippsland Health Alliance expense	2,876	2,671
Gippsland Health Alliance contribution	1,849	1,797
Low Value Asset expense (below threshold)	1,188	636
Activity funding for Heyfield Hospital Inc.	977	628
Partner Health Service and Aged Care Facility expense	683	926
Recruitment expense	507	737
Staff Training and Continuing Medical Education expense	442	325
Internal audit expense	342	49
<b>Total Other Operating Expenses</b>	<b>49,833</b>	<b>44,840</b>

### 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.

#### 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.

The following lease payments are recognised on a straight-line basis:

- short term leases – leases with a term of twelve months or less, and
- low value leases – leases with the underlying asset's fair value (when new, regardless of the age of the asset being leased) is no more than \$10,000.

Variable lease payments that are not included in the measurement of the lease liability, i.e. variable lease payments that do not depend on an index or a rate such as those based on performance or usage of the underlying asset, are recognised in the Comprehensive Operating Statement (except for payments which have been included in the carrying amount of another asset) in the period in which the event or condition that triggers those payments occurs. Central Gippsland Health Service's variable lease payments during the year ended 30 June 2025 was nil.

#### 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 Central Gippsland 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(c)) and recording a corresponding expense.

## Note 4 Key assets to support service delivery

Central Gippsland 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 Central Gippsland Health Service to be utilised for delivery of services.

### 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	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land at fair value - Crown	4,476	4,476	-	-	4,476	4,476
Land at fair value - Freehold	400	790	-	-	400	790
Buildings at fair value	68,411	66,727	(8,895)	(78)	59,516	66,649
Works in progress at cost	3,956	3,243	-	-	3,956	3,243
Plant, equipment and vehicles at fair value	37,822	34,888	(25,300)	(22,501)	12,522	12,387
<b>Total property, plant and equipment</b>	<b>115,065</b>	<b>110,124</b>	<b>(34,195)</b>	<b>(22,579)</b>	<b>80,870</b>	<b>87,545</b>

##### 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 \$'000	Buildings \$'000	Works in progress \$'000	Plant, equipment and vehicles \$'000	Total \$'000
<b>Balance at 1 July 2024</b>	<b>5,266</b>	<b>66,649</b>	<b>3,243</b>	<b>12,387</b>	<b>87,545</b>
Additions	-	-	4,109	901	5,010
Disposals	(390)	(185)	-	(42)	(617)
Net transfers between classes	-	1,954	(3,396)	1,441	-
Depreciation	-	(8,901)	-	(2,851)	(11,752)
<b>Balance at 30 June 2025</b>	<b>4,876</b>	<b>59,517</b>	<b>3,956</b>	<b>11,837</b>	<b>80,186</b>

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, Central Gippsland 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 Central Gippsland Health Service's revaluation cycle.

## Central Gippsland Health Service

For the Financial Year Ended 30 June 2025

### 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	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Buildings at fair value	-	78	-	(78)	-	-
Plant, equipment and vehicles at fair value	8,606	7,624	(5,448)	(4,464)	3,158	3,160
<b>Total right-of-use assets</b>	<b>8,606</b>	<b>7,702</b>	<b>(5,448)</b>	<b>(4,542)</b>	<b>3,158</b>	<b>3,160</b>

	Buildings \$'000	Plant, equipment and vehicles \$'000	Total \$'000
<b>Balance at 1 July 2024</b>	-	<b>3,160</b>	<b>3,160</b>
Additions	-	982	982
Depreciation	-	(984)	(984)
<b>Balance at 30 June 2025</b>	-	<b>3,158</b>	<b>3,158</b>

### How we recognise right-of-use assets

#### Initial recognition

When Central Gippsland 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 fair value, with the exception of right-of-use assets arising from leases with significantly below-market terms and conditions, which are subsequently measured at cost, less accumulated depreciation and accumulated impairment losses where applicable.

Central Gippsland Health Service has applied the exemption permitted under FRD 104 Leases, consistent with the optional relief in AASB 16.Aus25.1. Under this exemption, Central Gippsland Health Service is not required to apply fair value measurement requirements to right-of-use assets arising from leases with significantly below-market terms and conditions, where those leases are entered into principally to enable the entity to further its objectives.

Right-of-use assets are also adjusted for certain remeasurements of the lease liability (for example, when a variable lease payment based on an index or rate becomes effective).

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

4.1(c) Impairment of property, plant and equipment

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

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.

	2025	2024
Buildings	20 - 50 years	20 - 50 years
Leasehold buildings	2 - 50 years	2 - 50 years
Plant, equipment and vehicles (including leased assets)	3 - 20 years	3 - 20 years

## Note 5 Other assets and liabilities

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

### Structure

#### 5.1 Receivables

#### 5.2 Payables

#### 5.3 Other liabilities

### Note 5.1: Receivables

	Note	2025 \$'000	2024 \$'000
<b>Current receivables</b>			
<b>Contractual</b>			
Inter hospital debtors		613	383
Trade receivables		2,042	1,320
Patient fees		959	896
Provision for impairment		(101)	(18)
Accrued Revenue		706	1,323
<b>Total contractual receivables</b>		<b>4,219</b>	<b>3,904</b>
<b>Statutory</b>			
GST Receivable		354	708
<b>Total statutory receivables</b>		<b>354</b>	<b>708</b>
<b>Total Current Receivables</b>		<b>4,573</b>	<b>4,612</b>
<b>Total Receivables</b>		<b>4,573</b>	<b>4,612</b>
<i>(i) Financial assets classified as receivables</i>			
Total receivables		4,573	4,612
GST receivable		(354)	(708)
Total financial assets classified as receivables		<b>4,219</b>	<b>3,904</b>

### How we recognise receivables

Receivables consists 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. Central Gippsland Health Service holds the contractual receivables with the objective to collect the contractual cash flows and therefore 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. Central Gippsland Health Service applies AASB9 for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

**Note 5.2: Payables**

	Note	2025 \$'000	2024 \$'000
<b>Current payables</b>			
<b>Contractual</b>			
Trade Creditors		1,672	1,504
Accrued Salaries and Wages		1,996	2,020
Accrued Expenses		3,751	5,121
Interhospital creditors		76	46
State Contract Liabilities		-	308
Other Contract Liabilities		2,014	881
<b>Total Contractual Payable</b>		<b>9,509</b>	<b>9,880</b>
<i>(i) Financial liabilities classified as payables</i>			
Total Payables		9,509	9,880
Deferred grant income		(2,014)	(1,189)
Total financial liabilities classified as payables		<b>7,495</b>	<b>8,691</b>

**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 Central Gippsland Health Service prior to the end of the financial year that are unpaid.
- **Statutory payables** including Goods and Services Tax (GST) payable. Statutory payables 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 Nett 60 days.

**Note 5.3: Other Liabilities**

	Note	2025 \$'000	2024 \$'000
<b>Current monies held in trust</b>			
Refundable Accommodation Deposits		5,937	6,880
<b>Total current monies held in trust</b>		<b>5,937</b>	<b>6,880</b>
<b>Total Other Liabilities</b>		<b>5,937</b>	<b>6,880</b>
<b>* Represented by:</b>			
Cash Assets		5,937	6,880
		<b>5,937</b>	<b>6,880</b>

**How we recognise other liabilities****Refundable Accommodation Deposit (RAD)/Accommodation Bond liabilities**

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Central Gippsland 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 Central Gippsland Health Service during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of Central Gippsland 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 Cash and Cash equivalents

**Note 6.1: Cash and cash equivalents**

		2025	2024
	Note	\$'000	\$'000
Cash on Hand (excluding monies held in trust)		35	35
Cash at Bank (excluding monies held in trust)		10,374	12,159
<b>Total cash held for operations</b>		<b>10,409</b>	<b>12,194</b>
Cash at Bank (monies held in trust)	5.3	5,937	6,880
<b>Total cash held as monies in trust</b>		<b>5,937</b>	<b>6,880</b>
<b>Total cash and cash equivalents</b>		<b>16,346</b>	<b>19,074</b>



## Note 7 Financial instruments, contingencies and valuation judgements

Central Gippsland 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 Central Gippsland 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*.

		Carrying amount	Net gain/(loss)	Total interest income/ (expense)	Fee income/ (expense)	Impairment loss
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
<b>30 June 2025</b>						
<b>Financial assets at amortised cost</b>						
Cash and cash equivalents	6.1	16,346	-	1,068	-	-
Receivables	5.1	4,573	-	-	-	-
<b>Total financial assets (i)</b>		<b>20,919</b>	<b>-</b>	<b>1,068</b>	<b>-</b>	<b>-</b>
<b>Financial liabilities at amortised cost</b>						
Payables	5.7	9,509	-	-	-	-
Borrowings		2,640	(83)	(134)	-	-
Other financial liabilities - Refundable Accommodation	5.9	5,937	-	-	-	-
Deposits						
<b>Total financial liabilities (i)</b>		<b>18,086</b>	<b>(83)</b>	<b>(134)</b>	<b>-</b>	<b>-</b>
<b>30 June 2024</b>						
<b>Financial assets at amortised cost</b>						
Cash and cash equivalents	6.1	19,074	-	1,211	-	-
Receivables	5.1	4,612	-	-	-	-
<b>Total financial assets (i)</b>		<b>23,686</b>	<b>-</b>	<b>1,211</b>	<b>-</b>	<b>-</b>
<b>Financial liabilities at amortised cost</b>						
Payables	5.7	9,880	-	-	-	-
Borrowings		2,965	21	(110)	-	-
Other financial liabilities - Refundable Accommodation	5.3	6,880	-	-	-	-
Deposits						
<b>Total financial liabilities (i)</b>		<b>19,725</b>	<b>21</b>	<b>(110)</b>	<b>-</b>	<b>-</b>

i The carrying amount excludes statutory receivables (i.e. GST receivable and DHHS receivable) and statutory payables (i.e. Revenue in Advance and DHHS payable).

## Note 7.1 : Financial Instruments continued

### 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 Central Gippsland 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.

Central Gippsland Health Service recognises the following assets in this category:

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

#### **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.

Central Gippsland Health Service recognises the following assets in this category:

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

#### **Derecognition of financial assets**

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

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

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

#### **Derecognition of financial liabilities**

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

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

**Note 7.1 : Financial Instruments continued**

**Reclassification of financial instruments**

Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to be reclassified between fair value through net result, fair value through other comprehensive income and amortised cost when and only when Central Gippsland Health Service’s business model for managing its financial assets has changes such that its previous model would no longer apply.

A financial liability reclassification is not permitted.

**Note 7.2 Contingent assets and contingent liabilities**

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

	2025 \$'000	2024 \$'000
<b>Contingent assets</b>		
<b>Quantifiable</b>		
Legal proceedings and disputes	3,700	2,520
<b>Total quantifiable contingent assets</b>	<b>3,700</b>	<b>2,520</b>
	2025 \$'000	2024 \$'000
<b>Contingent liabilities</b>		
<b>Quantifiable</b>		
Legal proceedings and disputes	3,700	2,520
<b>Total quantifiable contingent liabilities</b>	<b>3,700</b>	<b>2,520</b>

**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
- Right-of-use assets.

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

#### Valuation hierarchy

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

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

Central Gippsland 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.

Central Gippsland 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 Central Gippsland Health Service's independent valuation agency for property, plant and equipment.

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

The last scheduled full independent valuation of all of Central Gippsland Health Service's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, Central Gippsland 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.

For all assets measured at fair value, Central Gippsland Health Service considers the current use as its highest and best use.

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

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

**Note 7.3 Fair value determination continued**

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, Central Gippsland 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 Central Gippsland 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. Central Gippsland 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 Central Gippsland Health Services who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

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

**Significant assumptions**

Description of significant assumptions applied to fair value measurement:

Asset Class	Valuation technique	Significant assumption	Range (weighted average)(i)
Specialised land	Market approach	Community Service Obligations (CSO) adjustment	50 - 70% (60%) (ii)
Specialised buildings	Current replacement cost approach	Cost per square metre Useful Life	\$1,000 - \$1,500/m2 (\$1,300) 30 - 60 years (45 years)
Vehicles	Current replacement cost approach	Cost per square metre Useful Life	\$9,000 - \$10,000 (\$9,500 per unit) 3 - 5 years (3 years)
Plant, equipment, furniture and fittings	Current replacement cost approach	Cost per square metre Useful Life	\$3,000 - \$4,000 (\$3,500 per unit) 5 - 10 years (7 years)

(i) Illustrations on the valuation techniques and significant assumptions and unobservable inputs are indicate and should not be directly used without consultation with the health services independent valuer  
(ii) CSO adjustments ranging from 50% to 70% were applied to reduce the market approach value for XYZ Health Service's specialised land, with the weighted average 60% reduction applied

## Note 8 Other disclosures

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

### Structure

#### 8.1 Responsible persons disclosure

#### 8.2 Remuneration of Executives

#### 8.3 Related parties

#### 8.4 Remuneration of Auditors

#### 8.5 Events occurring after the Balance Sheet Date

#### 8.6 Joint arrangements

#### 8.1 Responsible persons disclosure

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

	Period		
The Honourable Mary-Anne Thomas MP:			
Minister for Health	27-Jun-22	-	30-Jun-25
Minister for Ambulance Services	02-Oct-23	-	30-Jun-25
Minister for Health Infrastructure	05-Dec-22	-	19-Dec-24
The Honourable Ingrid Stitt MP:			
Minister for Mental Health	02-Oct-23	-	30-Jun-25
Minister for Aging	02-Oct-23	-	30-Jun-25
Minister for Multicultural Affairs	02-Oct-23	-	30-Jun-25
The Honourable Lizzy Blandthorn MP:			
Minister for Disability	02-Oct-23	-	30-Jun-25
Minister for Children	02-Oct-23	-	30-Jun-25

#### Governing Boards

Arthur Skipitaris (Chairperson)	01-Jul-24	-	30-Jun-25
Lauren Carey (Vice Chairperson)	01-Jul-24	-	30-Jun-25
Jenny Dempster	01-Jul-24	-	30-Jun-25
Rochelle Wrigglesworth	01-Jul-24	-	30-Jun-25
Peter 'Gerry' Watts	01-Jul-24	-	30-Jun-25
Claire Miller	01-Jul-24	-	30-Jun-25
Adam Koster	01-Jul-24	-	30-Jun-25
Luis Prado	01-Jul-24	-	30-Jun-25
Trevor Goldstone	01-Jul-24	-	30-Jun-25
Accountable Officer			
Mr Mark Dykgraaf (Chief Executive Officer)	01-Jul-24	-	30-Jun-25

**8.1 Responsible persons disclosure continued****Remuneration of Responsible Persons**

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

Income band	2025 No.	2024 No.
\$10,000 - \$19,999	8	10
\$20,000 - \$29,999	1	-
\$340,000 - \$349,999	1	1
<b>Total Numbers</b>	<b>10</b>	<b>11</b>
	<b>2025 \$'000</b>	<b>2024 \$'000</b>
<b>Total remuneration received or due and receivable by Responsible Persons from reporting entity amounted to:</b>	<b>526</b>	<b>513</b>

Amounts relating to the Governing Board Members and Accountable Officer of Central Gippsland Health Service's controlled entities are disclosed in their own financial statements.

Amounts relating to Responsible Ministers are reported within the States Annual Financial Report.

**Note 8.2: Remuneration of Executives**

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

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

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

	<b>Total Remuneration</b>	
	<b>2025 \$'000</b>	<b>2024 \$'000</b>
<b>Remuneration of executive officers</b> (including Key Management Personnel disclosed in Note 8.3)		
Total remuneration i	1,737	1,641
Total number of executives	8	8
Total annualised employee equivalent ii	8	7.9

i The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Central Gippsland 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 8.3 Related parties**

The Central Gippsland 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 Gippsland Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Note 8.3 Related parties continued

Significant transactions with Government Related Entities

Central Gippsland Health Service received funding from the DH of \$89 m (2024: \$82 m) and indirect contributions of \$0.3 m (2024: \$0.3 m). Balances outstanding as at 30 June 2025 are Nil (2024: Nil).

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

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

The Standing Directions of the minister of finance require Central Gippsland Health Service to hold cash (in excess of working capital) in accordance with the State's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

Key Management Personnel

KMP's are those people with the authority and responsibility for planning, directing and controlling the activities of Central Gippsland Health Service and its controlled entities, directly or indirectly.

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

KMPs	Position Title
Mr Arthur Skipitaris	Chair of the Board
Ms Lauren Carey	Vice Chair of the Board
Ms Claire Miller	Board Member
Ms Jenny Dempster	Board Member
Mr Peter 'Gerry' Watts	Board Member
Ms Rochelle Wrigglesworth	Board Member
Mr Adam Koster	Board Member
Mr Luis Prado	Board Member
Mr Trevor Goldstone	Board Member
Mr Mark Dykgraaf	Chief Executive Officer
Ms Amanda Pasmucans	Director of Nursing
Ms Caron Mallet	Director of Aged Care
Ms Rachel Strauss (resigned 22 May 2025)	Director of Community and Allied Health (outgoing)
Ms Pele Reeve (from 14 April 2025)	Director of Community and Allied Health (incoming)
Dr Divyanshu Dua	Director Medical Services
Ms Kelli Mitchener	Director Quality & Learning
Mr Robert Strickland	Director Corporate Services
Ms Emma Brennan	Chief Financial Officer

Remuneration of key management personnel

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

Compensation - KMPs	2025 \$'000	2024 \$'000
Total compensation - KMPs i	2,263	2,147

i KMPs are also reported in Note 8.1 Responsible Persons or Note 8.2 Remuneration of Executives.



**Note 8.3 Related parties continued**

**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 Central Gippsland 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 2025 (2024: none).

There were no related party transactions required to be disclosed for the Central Gippsland Health Service Board of Directors, Chief Executive Officer and Executive Directors in 2025 (2024: none).

Except for the transaction listed below, there were no other related party transactions required to be disclosed for the Central Gippsland Health Service Foundation Board of Directors in 2025 (2024: none).

**Joint Partnership Entities Related Party Transactions**

Mark Dykgraaf was a member of the Gippsland Health Alliance Steering Committee. He held this position for the full financial year.

The transactions between the two entities relate to payments made by Central Gippsland Health Service to Gippsland Health Alliance for goods and services and the transfer of funds by way of distributions made to the health service. All dealings are in the normal course of business and are on normal commercial terms and conditions.

**Note 8.4: Remuneration of Auditors**

	2025 \$'000	2024 \$'000
<b>Victorian Auditor-General's Office</b>		
Audit of the financial statements	41	40
<b>Total remuneration of auditors</b>	<b>41</b>	<b>40</b>

**Note 8.5: Events occurring after balance sheet date**

There are no events occurring after the Balance Sheet date.

**Central Gippsland Health Service****For the Financial Year Ended 30 June 2025****Note 8.6: Joint arrangements**

<b>Name of Entity</b>	<b>Principal Activity</b>	<b>Ownership Interest (%)</b>	
		<b>2025</b>	<b>2024</b>
Gippsland Health Alliance	The member entities have committed to the establishment of the Gippsland Health Alliance, with a view to sharing information technology services.	12.38	12.01

Central Gippsland Health Service's interest in the above jointly controlled operations are detailed below. The amounts are included in the combined financial statements under the respective categories:

	<b>2025</b>	<b>2024</b>
	<b>\$'000 *</b>	<b>\$'000 *</b>
Total revenue and income	3,032	3,304
Total expenses	2,876	2,671
Total net result	156	633
Total other economic flows	34	44
Comprehensive result for the year	122	589
Total assets	2,154	1,794
Total liabilities	484	296
Total equity	1,670	1,498

\* Figures obtained from audited Gippsland Health Alliance annual report.

**Contingent Liabilities and Capital Commitments**

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



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