



**Annual  
Report**  
**2024-25**

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**Eastern Health** 

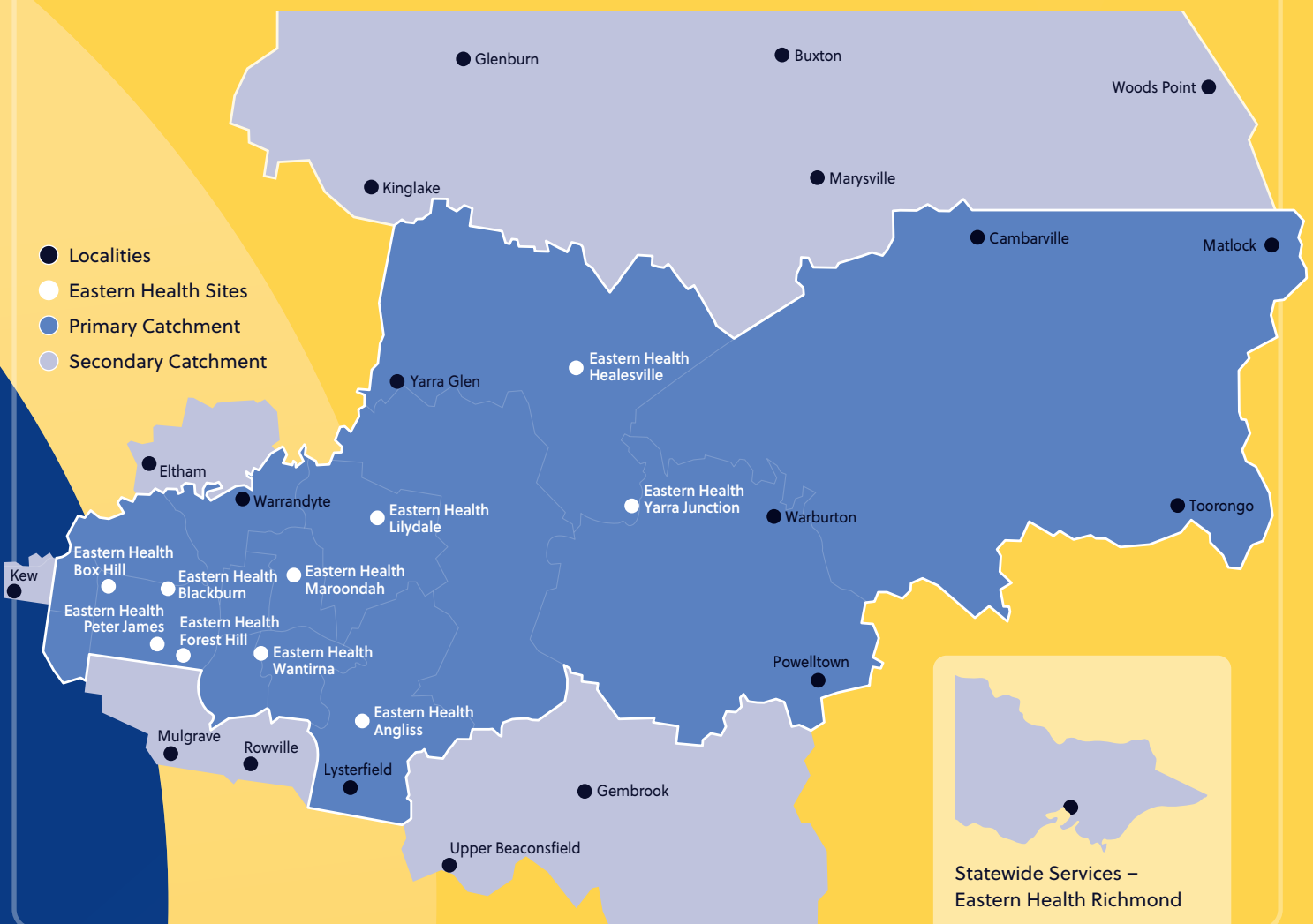
**OUR PROMISE**  
**Healthier together**

**VALUES IN ACTION**

- Respect for all
- Safe always
- Partnering in care
- Learning and improving everyday

Geographically, Eastern Health covers the municipalities of Boroondara, Knox, Manningham, Maroondah, Whitehorse and Yarra Ranges. Since its establishment in July 2000, Eastern Health has played a pivotal role in the provision of public health services in Melbourne’s east and partners with community healthcare providers, such as general practitioners, community health services and affiliated healthcare agencies.

**EASTERN HEALTH CATCHMENTS**



*Eastern Health acknowledges the traditional custodians of the land upon which our health service is built, and we pay our respects to their elders past and present. Eastern Health is an inclusive healthcare service. Aboriginal and Torres Strait Islander people are advised that this publication may contain images of deceased persons.*

*Eastern Health strives to be an inclusive healthcare service.*



## Introduction

The *Annual Report 2024-25* provides information about Eastern Health's campuses, services, staff and operational achievements and challenges during the financial year.

Eastern Health publications are available online:

[www.easternhealth.org.au](http://www.easternhealth.org.au)

The *Annual Report 2024-25* will be presented to the public at Eastern Health's annual meeting which will be advertised on the Eastern Health website and in local newspapers.

## Responsible Bodies Declaration

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



**Mr Tass Mousaferiadis**  
Eastern Health Board Chair  
20 August 2025

## Child safety commitment statement

Eastern Health is a child safe organisation, committed to promoting the wellbeing and cultural safety of Aboriginal children, children with disabilities and all children in their diversity.

## Modern slavery statement

Eastern Health is committed to safe workplaces, to limiting the risk of modern slavery within its operations and supply chains, and to the eradication of modern slavery.

## Manner of establishment

As a public health service established under section 181 of the *Health Services Act 1988 (Vic)*, Eastern Health reported to the Victorian Minister for Health, Minister for Ambulance Services The Hon. Mary-Anne Thomas 1 July 2024 to 30 June 2025.

We reported to Minister for Health Infrastructure The Hon. Mary-Anne Thomas 1 July 2024 to 19 December 2024 and The Hon. Melissa Horne from 19 December 2024 to 30 June 2025.

We also reported to the Victorian Minister for Mental Health, Minister for Ageing, The Hon. Ingrid Stitt 1 July 2024 to 30 June 2025.

In addition, we reported to the Victorian Minister for Disability, Minister for Children The Hon. Lizzie Blandthorn 1 July 2024 to 30 June 2025.

The functions of a public health service Board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

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# Our Board Chair and Chief Executive

## Year in Review 2024–25: growth, innovation and impact

In 2024–25, Eastern Health continued to deliver our promise of Healthier Together. Providing high-quality and compassionate care for our communities while setting the foundations for a strong future.

This year saw our organisation achieve nationally recognised clinical excellence, contribute to world-class research, open vital infrastructure, and strengthen our commitment to inclusion, equity and safety.

It is our dedicated and resilient staff, volunteers, partners and communities who live our values every day, who make these successes possible.

## Recognising excellence across our health service

Our achievements this year reflect the ingenuity and capability of our people – from award-winning service delivery to contributions to medical research globally.

During National Stroke Week, Eastern Health was recognised again for our outstanding work in stroke care and community engagement.

Patient Ray Landini was reunited with Dr Philip Choi who appeared in a story for Channel 7 News highlighting the Eastern Health Box Hill Stroke Team's fastest 'Door to Needle' and 'Door in, door out' time nationally.

Following National Stroke Week, the World Stroke Organisation (WSO) met with members of the Stroke Team to officially certify the campus with WSO certification Gold Status.

This recognition highlights the efforts of our medical workforce, clinicians, researchers and support teams working collaboratively to improve outcomes for people affected by stroke. The Stroke Team continues to strive for innovative methodology in action every day whilst delivering the timeliest care in the nation.

The Eastern Health Stroke Team have the fastest median Door to Needle time in Australia, sitting at mid-40 minutes, compared to a national average of mid-70 minutes.

By the end of 2024, the Stroke Team also saw the publication of two international, practice-changing Randomised Clinical Trials. Eastern Health Box Hill was one of the top-enrolling sites for both studies.

The Stroke Team's involvement in ongoing trials continues to help find ways to improve stroke care, and most, if not all, patients who present with acute stroke at our Box Hill campus in 2025 will be eligible for enrolment in a clinical trial.

In a major academic milestone, Dr Edmond Kwan from the Eastern Health Monash Clinical School was published in Nature Medicine, one of the world's most prestigious scientific journals. His research is a significant contribution to the understanding and treatment of cancer and highlights growing understanding in clinical innovation at Eastern Health.



Board Chair  
Mr Tass Mousaferiadis

We also celebrated the recognition of Mrs Valma Noel Pink OAM, whose service to the community has been longstanding. Mrs Noel Pink was a pioneer in the Emergency Department, co-developing Australia's first formal triage system alongside Dr Edward Brentnall contributing a groundbreaking resource to emergency care. Being awarded the Medal of the Order of Australia is a reminder that health care includes people, connection and service.

## Driving research through the Eastern Health Institute

With the Eastern Health Institute now in its third year of operation, our educational and research activities have continued to grow.

Our education team coordinated a record 59,371 face-to-face training sessions in 2024–25, and we provided clinical placements for more than 4000 students (1972 nursing, 395 midwifery, 915 allied health and 732 medical) and 35,358 days of placement.

Our Office of Research and Ethics processed 382 applications for new research projects and our researchers published in more than 500 peer-reviewed papers.



Chief Executive  
Adjunct Professor David Plunkett

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Strong ongoing academic collaborations with La Trobe, Deakin and Monash universities were exemplified by successful National Health and Medical Research Centre (NHMRC) funding for waitLESS and HIRAID® Inpatient, and two Nature Medicine publications co-authored by three of our highly regarded cancer researchers.

WaitLESS is an innovative approach to reducing outpatient clinic wait times, which we will pilot across six of the Eastern Health specialist clinics, while HIRAID® Inpatient builds on our previously successful HIRAID® emergency collaboration by introducing a standardised nursing assessment framework in our inpatient setting.

## Our people

### Building a safe and welcome health service

Eastern Health has recently launched three plans: *Diversity, Equity and Inclusion Framework and Plan*; *LGBTQIA+ Equity Action Plan*; and *Disability Action Plan*. Through these plans, Eastern Health aims to continue our commitment to foster equity and inclusion, building a safe and welcoming environment for everyone.



**“The Diversity, Equity and Inclusion Plan is a road map for action towards strengthening a culturally safe environment that recognises, responds, and supports the diverse needs of our consumers and our workforce.”**

- Ged Millard  
Executive Director Allied Health, Strategy, Improvement and Experience, Eastern Health

Ged Millard, Executive Director Allied Health, Strategy, Improvement and Experience, explains that the plan outlines the approach Eastern Health will take in building a safe, welcoming, respectful, and inclusive service and workplace environment for all to thrive. Irene Toh, Community Advisory Committee Member, says she is looking forward to Eastern Health being a more affirming, inclusive and supportive place for all – staff, patients and consumers alike.

The *LGBTQIA+ Action plan* outlines how Eastern Health will work towards strengthening inclusion, equity, and respect for LGBTQIA+ staff and consumers across the organisation.

Working closely with people from the disability community and their carers to develop the plan, Christy Walsh, Disability Liaison Officer, states that the plan is a commitment to making Eastern Health services fairer and breaking down barriers that people with disabilities face every day.

### Our journey toward reconciliation

Eastern Health continues on this shared journey, acknowledging the inequitable health status between Aboriginal and Torres Strait Islander and non-Indigenous peoples.

Through our work with the Aboriginal Health Advisory Committee, Aboriginal Community Controlled Organisations and Reconciliation Australia, we are striving to be a health service where Aboriginal and Torres Strait Islander peoples feel safe, welcomed, and supported, and health inequities are actively addressed.

The Eastern Health reconciliation journey is driven by action, reflection and genuine partnership. This commitment is again reflected in the development of our second *Innovate Reconciliation Action Plan (RAP)* which is due for completion later in 2025.

In 2024-25, we hosted and supported a range of events and activities that demonstrate our commitment to Reconciliation and partnership.

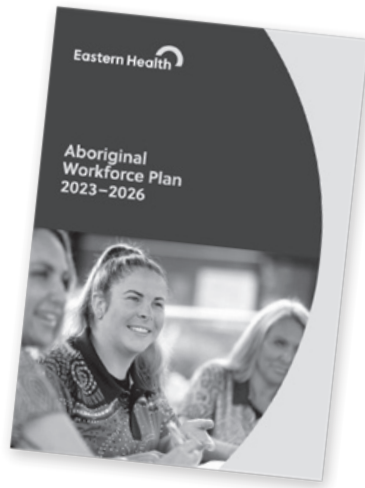
Eastern Health hosted NAIDOC Week events that included the announcement of our first Reconciliation Champions.

Our engagement extended to broader community partnerships by proudly sponsoring the 2024 NAIDOC Ball and the annual Mullum Mullum Indigenous Gathering Place fundraiser.

Eastern Health continues to lead change through procurement practices, welcoming seven new Aboriginal-owned and operated businesses into our supplier network.

Eastern Health have collaborated with Traditional Owners through exploration of naming sites, teams and services using language that honours Wurundjeri Woiwurrung people.

In early 2025, we welcomed Vicky Peters as the inaugural Director of First Nations Health at Eastern Health. Establishment of this role is a vital step in supporting our organisation to improve our responsiveness to the unique needs and priorities of our Aboriginal and Torres Strait Islander communities.



### Eastern Health Aboriginal workforce

Eastern Health has made progress in implementing the *Aboriginal Workforce Plan 2023-2026*. A key achievement was the implementation of cultural supervision and cultural leave along with a Wellbeing Toolkit has been developed and provides a range of wellbeing supports for Aboriginal and Torres Strait Islander staff.

The Aboriginal Staff Network has been established, with four gatherings held since October 2024, providing a platform for Aboriginal and Torres Strait Islander staff to connect, share experiences and support each other.

### Care experience: listening, learning and improving

In May, we celebrated Patient Experience Week and reflected on our progress of providing patients the best experience when engaging with our services.

We celebrated our staff and their impact on patients every day. Over the last year, Eastern Health has provided 1.5 million episodes of care to our growing community, continuing our promise of Healthier Together.

At the heart of everything we do is the experience of the people we care for. This year, in the spirit of development and innovation, Eastern Health introduced CareXperience Tanks – dedicated listening forums designed to discuss stories and shape better care.

Through these forums, we received suggestions, ideas and pitches from staff for a range of service improvements, which focussed on common themes: communication, continuity of care and cultural safety.

In March 2025, we were able to highlight the wonderful work that Eastern Health Palliative Care Nurse Berni Swinkels is doing with her Handover HeARTwork Project. The project has transformed the way families receive belongings from loved ones after they have passed.

Berni started the project in 2020, making personalised palliative care bags aimed to provide families of a loved one with a more compassionate way to take their belongings, after they pass. Trying to keep up with the demand, Berni reached out to the community and received help from classes of students at Aquinas College in Ringwood, now making over 200 bags a year.

### Our safety

#### A safer and more supportive workplace

Our people are our greatest asset, and we are committed to safety and wellbeing for all at Eastern Health. Through our 'Safer Together' initiative and strengthened Workplace Health and Safety (WHS) measures, we took important steps to foster a safer, more supportive working environment for all.



Over the last year, Eastern Health has provided 1.5 million episodes of care to our growing community, continuing our promise of Healthier Together.

This included new training, targeted wellbeing programs and stronger safety culture practices across all campuses. Our focus remains on ensuring that every team member feels safe, valued and able to thrive.

## Infrastructure

### A new strategic direction

In early 2025, we kicked off consultation with our staff and communities to understand the ongoing resonance of our strategic promise Healthier Together.

By launching the campaign 'Healthier Together: Have your say', we began engaging with staff by collaborating and asking for feedback on future direction and ways of working to inform our next strategic plan.

Developed in collaboration with staff, partners and community members, our current strategy continues to guide us with a strong focus on innovation, integrated care, workforce wellbeing and equity.

Work is already underway to shape the next phase of strategy development, reflecting our deep expertise in public health and our commitment to diverse communities in our catchment.

### Infrastructure that transforms care

We've seen changes to multiple Eastern Health campuses in 2024–25.

This year, significant investment in infrastructure has strengthened our ability to provide modern, accessible environments and person-centred care. We're excited to see the development of new facilities in Ringwood, and upgrades to community cornerstone facilities at Eastern Health Angliss and Blackburn.

### Mental health and wellbeing hub – Ringwood

The new facility on Ringwood Street is a state-of-the-art centre designed to support recovery, dignity and connection. To better meet the needs of our community, this new purpose-built facility supports a vision for increased community-based care and aims to improve service integration, access and staff wellbeing.

This purpose-built facility has been co-designed with staff, consumers and carers and provides a modern environment from which to deliver contemporary community mental health and wellbeing services.

As part of our ongoing dedication to staff wellbeing and experience, we're proud that this new location will give staff access to modern clinical rooms, sensory spaces, and flexible workspaces.

This hub will also support student placements, graduate programs and ongoing professional development. The new campus will reimagine what mental health care can look like for our communities.

### Angliss redevelopment milestone

Eastern Health's Angliss Hospital redevelopment continues to make strong progress, with the reopening of the Intensive Care Unit (ICU) marking a significant step forward in the redevelopment of the hospital.

The Eastern Health Angliss expansion is designed to increase surgical capacity and capability, offering improved access to world-class healthcare for families in the Knox and Yarra Ranges regions.

As the redevelopment continues, Eastern Health remains committed to delivering modern, accessible, and high-quality care for the community.

**"Staff at Angliss are excited by the progress made so far on the expansion project... Works involving the link bridge on Level 4 have been completed, and now the focus is on internal fit-out and procurement of medical equipment."**

**- Rohan Lovell**  
Executive Director Infrastructure and Digital, Eastern Health

### Blackburn Surgical Centre enhancements

Enhancements at our Blackburn campus are ensuring timely, efficient and safe surgical care, with new operating theatres, recovery areas and other supporting infrastructure. The facility reopened at the end of 2024 following a refurbishment and the beginning of 2025 marked the handover of the expanded operating theatre complex.

The centre is planning to perform approximately 300 additional surgical procedures per month, with the two additional theatres.

Eastern Health Director of Operations, Surgery and Anaesthetics, Louisa Ford, took Minister for Health, the Hon. Mary-Anne Thomas on a tour of the new surgical theatres and updated facilities.

The new facility will assist in offering a wide range of planned procedures, including general; colorectal; gynaecology; orthopaedic; ear, nose and throat; oculoplastic; and vascular surgeries.



As we reflect on our achievements, we remain focused on delivering better health outcomes for all – with compassion and innovation for our communities at the forefront.

### Women’s health clinics

Dedicated Women’s health services have been expanded and tailored to meet the unique and changing needs of women at all stages of life. These new clinics provide access to comprehensive specialised care close to home.

Eastern Health has been named as one of the next five sites to have a dedicated Women’s health clinic as part of the Victorian Government’s four-year plan to open 20 specialised locations.

The clinics will be a dedicated resource providing access to specialist care, delivering more services closer to home to assist women facing pelvic pain, heavy bleeding, prolapse and incontinence, contraception and menopause.

Women often experience barriers when trying to access the services they need to support their physical and mental health. Eastern Health is proud to have the capability to offer these services.

### Looking forward

#### Local Health Service Network

From July 1, 2025, Victoria’s Local Health Service Networks were officially established.

Eastern Health, Alexandra District Health, St Vincent’s Hospital Melbourne, Yea and District Memorial Hospital, are now part of the East Metro and Murrindindi Local Health Service Network (LHSN).

Each health service retains its individual identity however this new network will strengthen collaboration, increase access, and improve health outcomes for our communities, while providing care as close to home as possible. We look forward to our future work together.

The past year has been one of connection, growth and care. As we reflect on our achievements, we remain focused on delivering better health outcomes for all – with compassion and innovation for our communities at the forefront.

We thank every member of the Eastern Health community for their role in shaping this journey. We are committed to being Healthier Together and look forward to a more inclusive future for Eastern Health.

We extend our sincere appreciation to our dedicated staff for their unwavering commitment, and to our communities for their continued trust and support. Your efforts are deeply valued and essential to our shared success.

**Mr Tass Mousaferiadis**  
Board Chair

**Adjunct Professor David Plunkett**  
Chief Executive



# Finance Committee Chair and Chief Finance Officer



Chair, Finance Committee  
Sally Freeman

## The Net Operating Result

The Net Operating Result is the key financial measurement which Eastern Health is monitored against in its Annual Statement of Priorities signed by the Board Chair and the Minister for Health for the financial year.

The deficit result of \$25 million is below the target set in the Statement of Priorities target but is a significant improvement on the 2023-24 result of a \$72 million deficit. The health service generated revenue of \$1.72 billion of which this deficit result represents 1.4%.

The net results from transactions includes items such as depreciation and amortisation and capital income. A reconciliation of the Net Results from Transactions to the Net Operating Result is included on the next page.

While our cash reduced by \$39.6 million largely due to the operating deficit, our balance at the end of the financial year remained strong and was \$95.1 million.

This cash position includes funds related to programs for equipment, multi-year capital projects for building works, and residential aged care deposits held in trust.

The investment in capital projects allows Eastern Health to provide appropriate patient care for future years.

## Activity levels and costs

Operating activity revenues excluding capital revenue grew by 8.9% and enabled the continued delivery of much-needed services to our community through the year.

Our planned activity and service targets were met this year allowing Eastern Health to generate \$1.72b of revenue. We continue to strive to control our operating expenditure containing overall cost growth to 5.4%, despite salaries and wages increasing by 6.9%.

For 2025-2026, Eastern Health's management team, as in prior years, has prepared a comprehensive operating budget program for revenue and expenditure, accompanied by detailed activity schedules for monitoring patient activity including inpatient and non-inpatient services across all programs.

Management and the Board will continue to monitor financial performance to ensure the best patient care outcomes for our community.

A handwritten signature in black ink, appearing to read 'Sally Freeman'.

**Sally Freeman**  
Chair  
Finance Committee

A handwritten signature in black ink, appearing to read 'R. Devarajan'.

**Rama Devarajan**  
Chief Finance Officer



Chief Finance Officer  
Rama Devarajan

Our planned activity and service targets were met this year allowing Eastern Health to generate \$1.72b of revenue. We continue to strive to control our operating expenditure containing overall cost growth to 5.4%, despite salaries and wages increasing by 6.9%.

## Summary of Financial Results

Reconciliation between the Net Result from Transactions reported in the Financial Statements to the Operating Result as agreed in the Statement of Priorities

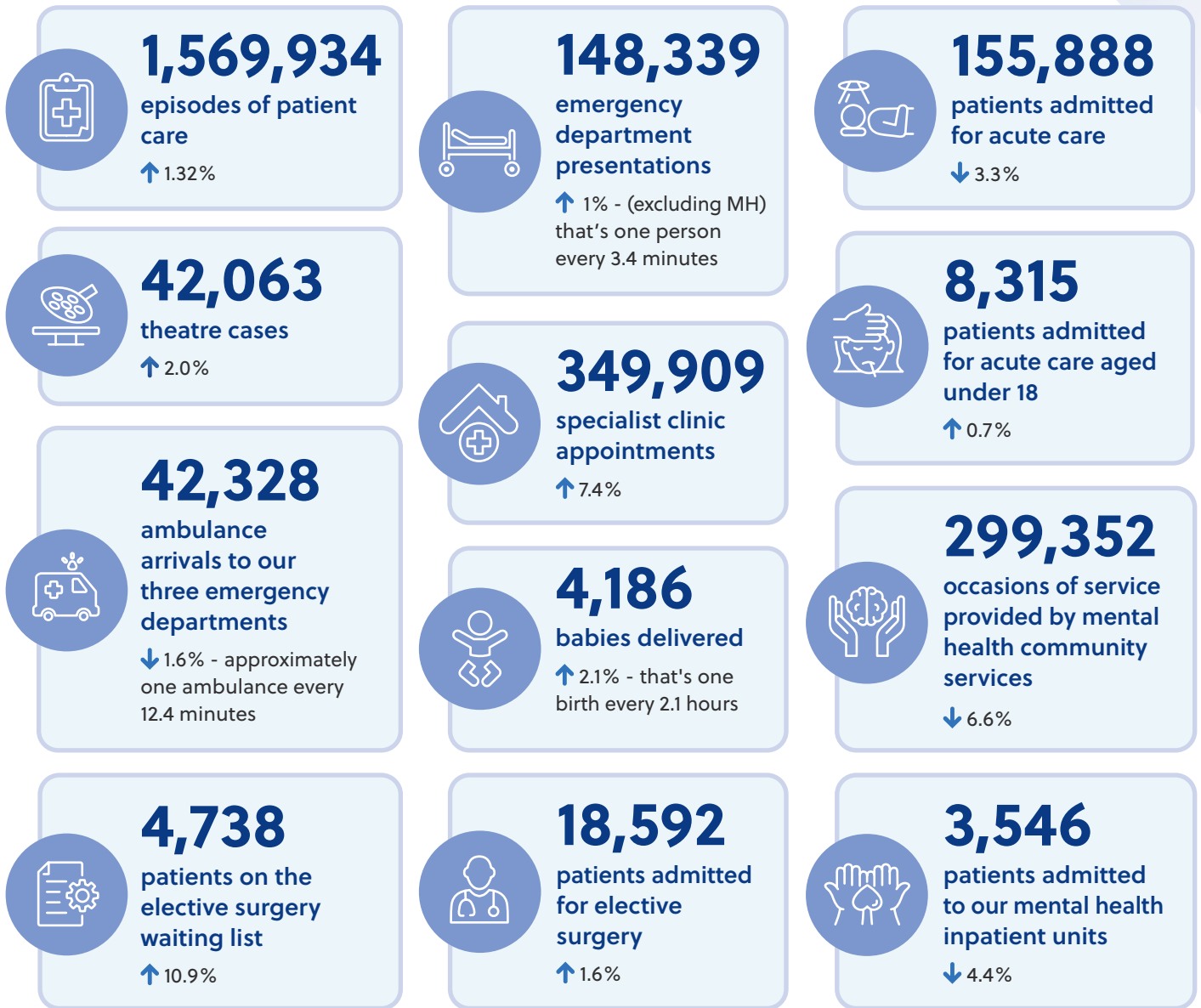
	2025 \$000	2024 \$000	2023 \$000	2022 \$000	2021 \$000
<b>Operating Result*</b>	<b>(25,075)</b>	<b>(72,003)</b>	<b>(75)</b>	<b>497</b>	<b>0</b>
Total revenue	1,718,014	1,562,699	1,510,599	1,447,856	1,288,446
Total expenses	1,771,803	1,666,618	1,553,213	1,435,616	1,317,212
Net result from transactions	(53,789)	(103,919)	(42,654)	12,240	(28,766)
Total other economic flows	(1,064)	3,876	(16,546)	13,015	18,302
<b>Net Result</b>	<b>(54,853)</b>	<b>(100,043)</b>	<b>(59,200)</b>	<b>25,255</b>	<b>(10,464)</b>
Total assets (\$'000)	1,970,129	1,992,599	1,702,764	1,627,560	1,502,247
Total liabilities (\$'000)	630,475	595,684	587,519	559,548	478,760
Net assets (\$'000)	1,339,654	1,396,915	1,115,245	1,068,102	1,023,487
<b>Total Equity</b>	<b>1,339,654</b>	<b>1,396,915</b>	<b>1,115,245</b>	<b>1,068,102</b>	<b>1,023,487</b>

	2025 \$000	2024 \$000	2023 \$000
<b>Net Operating Result</b>	<b>(25,075)</b>	<b>(72,003)</b>	<b>(75)</b>
Capital purpose income	82,881	61,076	56,983
Capital expenses (including SaaS)	(3,976)	(3,672)	(22,964)
Depreciation and amortisation	(107,619)	(89,320)	(76,598)
<b>Net Result From Transactions</b>	<b>(53,789)</b>	<b>(103,919)</b>	<b>(42,654)</b>

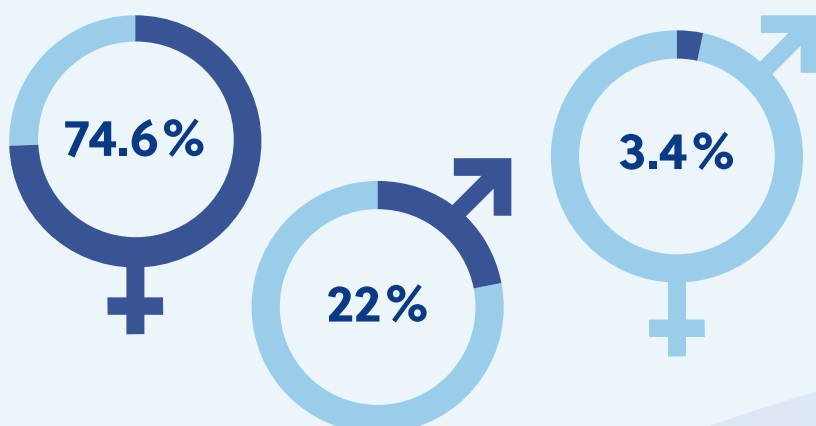
\* The Operating Result is the result for which the health service is monitored in its Statement of Priorities.

# 2024-25 at a glance

## OUR PERFORMANCE



## OUR PEOPLE





# About us

## Our Strategy

At the heart of the Eastern Health strategic plan is a promise to ourselves, each other and to the community. That promise is 'Healthier together', for it is only in working together that each one of us can lead our best and healthiest lives.

It is with this promise that we call ourselves and our community to action for a healthier future. The intent of this promise is woven through each of the four strategic goals and associated strategies in the plan.

### Strategic Goals

#### Enabled and empowered people

- Together we enable the success of our people
- Partner with our staff to build an engaged and sustainable workforce
- Extend our capability as a learning organisation
- Develop workforces of the future through strong partnerships with universities and training partners
- Build our use of clinical and data informatics and analytics to support high-quality decisions

#### Excellent care and experiences

- Together we deliver the best health care experiences and outcomes

- Continuously strengthen our partnerships with patients, consumers and the community to enable shared decision making and co-designed care
- Connect clinical practice, research and teaching to advance care and outcomes through dedicated Centres of Excellence
- Deliver care closer to home through new care models and leveraging technology
- Enhance impacts on care through increased research collaboration with universities

#### Safe and welcoming

- We create and come together in spaces that are safe and welcoming
- Ensure employee wellbeing and engagement

- Enhance our capacity to be an equitable and inclusive health service
- Strengthen our safety culture to prevent harm
- Create environments that welcome our diverse communities

#### Optimising resources

- Working together we continuously improve our resource deployment
- Partner to create better outcomes for our community
- Pursue opportunities to deliver modern, fit for purpose technology, equipment and infrastructure
- Enhance value and reduce waste in our systems and services through innovation
- Drive financial sustainability

# Values in action

Our strategic plan identifies four values in action:

- Respect for all
- Safe always
- Partnering in care
- Learning and improving every day

These are the behaviours that we believe matter the most in how we carry out our work and interact with each other. They drive how we care for our patients and support the community.

These values in action represent and convey so much more than their short statements. They embody who we are as individuals, teams, a workforce and as an organisation.



  
To view Eastern Health's Strategic Plan, visit [www.easternhealth.org.au](http://www.easternhealth.org.au)

Our Promise

## Healthier Together

Values in action  
**Respect for all**  
**Safe always**  
**Partnering in care**  
**Learning and improving every day**

Enabled and empowered people

Excellent care and experiences

Safe and welcoming

Optimising resources

# Who we are

Eastern Health is one of Melbourne's largest metropolitan public health services. We provide a range of emergency, surgical, medical and general healthcare services, including maternity, palliative care, mental health, drug and alcohol, residential care, community health and statewide specialist services to people and communities that are diverse in culture, age, socio-economic status and healthcare needs.



Services located across  
**2,816**  
square kilometres  
the largest geographical area of any metropolitan health service in Victoria



**12,001**  
staff  
(60% of whom live within the community we serve)



**162,368**  
course completions in iLearn



**59,371**  
face to face fully attended training sessions

## Student placements

DISCIPLINE	NUMBER OF STUDENTS	NUMBER OF PLACEMENT DAYS
Allied Health Assistant	10	142
Art Therapy	1	32
Dietetics	76	2,100
Health Services Assistance	3	32
Medicine	456	2,671
Midwifery	272	3,437
Nursing (Enrolled)	272	3,437
Nursing (Registered)	1,950	25,617
Occupational Therapy	165	2,972
Podiatry	82	1,210
Physiotherapy	418	4,569
Psychology	13	121
Social Work	15	347
Speech Pathology	37	1,450
<b>TOTAL</b>	<b>3,560</b>	<b>45,630</b>

## Eastern Health Organisational Profile

### Larger campuses

- Eastern Health Angliss
- Eastern Health Blackburn
- Eastern Health Box Hill
- Eastern Health Forest Hill
- Eastern Health Healesville
- Eastern Health Lilydale
- Eastern Health Maroondah
- Eastern Health Peter James
- Eastern Health Richmond
- Eastern Health Wantirna

### Corporate functions

- Clinical Governance
- Digital Health
- Finance and Procurement
- Fundraising, Legal Services and Corporate Governance
- Infrastructure and Support Services
- People and Culture
- Eastern Health Institute
- Strategy and Improvement
- Professional Governance: Medical, Nursing and Allied Health

## CLINICAL PROGRAMS AND SERVICES

Eastern Health provides 64 distinct clinical services which are delivered under two Directorates, **Clinical Operations** and **Mental Health and Clinical Support**. These are supported by a range of services including medical imaging, pathology and pharmacy services, while the patient access team ensures efficient use of our resources through the allocation and management of patient flow through our hospital beds. Each program is led by a Director of Operations and a Clinical Program Director who are responsible for the clinical operations of the services under their respective clinical program.

DIRECTORATE	PROGRAM	CLINICAL SERVICE GROUP	
Clinical Operations	Care@Home and Acute Specialist Clinics	1 Aboriginal Health	10 GEM@Home
		2 Acute Specialist Clinics	General Practice Clinic
		3 Aged Care Assessment Service	12 Hospital Admission Risk Program
		4 Ambulatory Subacute Early Response Team	13 Hospital in the Home
		5 Chronic Rehabilitation	14 Hospital in the Home - Oncology
		6 Community Health	15 Rehab in the Home
		7 Community Rehabilitation Program	16 Residential Inreach
		8 District Nursing	17 Subacute Ambulatory Care Services
		9 Early Supported Discharge for Stroke	18 Talk to You Tomorrow
		19 Transition Care Program	
	Critical Care and Access	20 Cardiology	
		21 Emergency Services	
	Medicine	23 Sub-acute clinics	31 General/paediatric
		24 Community health	32 Orthopaedic
		25 Community rehabilitation	33 Plastic
		26 Aboriginal health	34 Upper gastrointestinal/ bariatric/thoracic
		27 Anaesthetics	35 Urology
		28 Breast and endocrine	36 Vascular
		29 Colorectal	37 Intensive care services
		30 Ear, nose and throat	38 Obstetrics
Surgery and Anaesthetics		39 Anaesthetics	46 Ophthalmology
		40 Breast and Endocrine	47 Orthopaedic
	41 Colorectal	48 Paediatric	
	42 Ear, Nose and Throat	49 Plastic	
	43 General Surgery	50 Upper GI, Bariatric and Thoracic	
	44 Gynaecology	51 Urology	
	45 Obstetric	52 Vascular	
	Women and Children	53 Eastern Centre Against Sexual Assault	56 Obstetrics
		54 Gynaecology	57 Paediatrics
		55 Neonates	58 Victorian Paediatric Rehabilitation Service
Nursing & Midwifery, RACS and Support Services	RACS	59 Paediatric and neonatology	
Mental Health, Clinical Support and Transformation	Mental Health and Wellbeing	60 Child and Youth	61 Adult and Older Adult
	Statewide Services	62 Spectrum	63 Turning Point
	Medical Imaging		
	Pathology		
	Pharmacy		



# OUR GOVERNANCE

**The responsible Minister is the Minister for Health:**

**The Hon. Mary-Anne Thomas MP**

Minister for Health

Minister for Ambulance Services

**The Hon. Ingrid Stitt MP**

Minister for Mental Health

Minister for Ageing

Minister for Multicultural Affairs

**The Hon. Lizzie Blandthorn MP**

Minister for Children

Minister for Disability

**The Hon. Melissa Horne MP**

Minister for Health Infrastructure

## Our Board of Directors

Eastern Health is a public health service as defined by the *Health Services Act 1988* and is governed by a Board of Directors consisting of up to nine members appointed by the Governor in Council on the recommendation of the Victorian Minister for Health.

**The Board must perform its functions and exercise its powers subject to any direction given by the Minister for Health and subject to the principles contained in the *Health Services Act 1988*, and *Public Administration Act 2004*.**

The Board is responsible for the governance of Eastern Health and is responsible for its financial performance, strategic direction, quality of healthcare services and for strengthening community involvement through effective partnerships.

The Board is responsible for ensuring Eastern Health performs its functions under Section 65 of the *Health Services Act 1988*, including the requirement to develop statements of priorities and strategic plans, and to monitor compliance with these statements and plans.

The Board also has responsibility for the appointment of the Chief Executive.

The Eastern Health by-laws enable the Board to delegate certain authority. The by-laws are supported by the Instrument of Delegation of Authority, enabling designated Executives and staff to perform their duties through exercising specified authority.

The Directors contribute to the governance of Eastern Health collectively as a Board. The Board normally meets monthly, and 12 meetings are scheduled each financial year.

*Continued on page 16*

Eastern Health is a Public Health Service as defined by the Health Services Act (1988). Our Board of Directors is responsible for maintaining and monitoring the performance of systems to ensure that our services meet the needs of the community.

The Board ensures that we achieve our objectives, meet our statutory obligations, and encourage accountability, integration and collaboration across all levels of the organisation.

2024-25 also saw several of our Board and Executive Directors leave Eastern Health due to the conclusion of their appointed tenure, retirement or to follow new opportunities.

Eastern Health would like to acknowledge the significant contribution of the following Board Directors:

- Ms Anna Lee Cribb
- Mr Terry Symonds

Eastern Health would also like to acknowledge Executive Directors who were part of the leadership team during 2024/25:

- Ms Shannon Wight
- Mr Paul Adcock
- Ms Rachel Meehan
- Mr Geoff Cutter

Eastern Health would also like to acknowledge the retirement and contribution of its Director of Corporate Governance, Ms Alison Duncan-Marr who supported the Board and CEO office over many years.

**During 2024-25, Eastern Health Board Directors were:**

### Mr Tass Mousaferiadis Chair

BEd Grad Dip HealthEd Grad Cert BusMgt, GAICD

Appointed Chair of Eastern Health Board 1 July 2019

### Ms Anna Lee Cribb

BA MDisRes

Appointed 1 July 2019

### Prof Ross Coppel AO

MBBS BMedSci DTM&H (Lon) PhD FAHMS FASM

Appointed 1 July 2024

### Ms Sally Freeman

Chartered Accountant, GAICD BCom CEW

Appointed 1 July 2020

### Mrs Penny Hutchinson

BA(Hons) MA AMusA FCA

Appointed 1 July 2019

### Dr Bob Mitchell AM

LLB MPhil GradDipTax MThSt PhD FAICD

Appointed 1 July 2019

### Mr Joe Morrison

BA LMgt

Appointed 1 July 2024

### Mr Terry Symonds

BA MHSt GCMH GAICD

Appointed 1 July 2022

Resigned 13 May 2025

### Dr Angela Williams

MBBS MForensMed MBA GAICD MPH/MHM FFFLM(UK) FFCFM(RCPA) AFRACMA PRI NMAS LLB GDLP

Appointed 1 July 2020

## Board attendance record 2024-25 (to 30 June 2025)

DISCIPLINE	FIRST APPOINTMENT	TERM NUMBER	EXPIRY OF TERM	ATTENDANCE 2024-25	MEETINGS BY CIRCULATION
Mr Tass Mousaferiadis	8 Dec 2015	4	30 June 2025	15/15	15/15
Prof Ross Coppel	1 July 2024	1	30 June 2026	15/15	14/15
Ms Anna Lee Cribb	1 July 2019	2	30 June 2025	13/15	15/15
Ms Sally Freeman	1 July 2020	2	30 June 2026	13/15	15/15
Mrs Penny Hutchinson	1 July 2021	2	30 June 2027	15/15	14/15
Dr Bob Mitchell	1 July 2019	2	30 June 2025	13/15	15/15
Mr Joe Morrison	1 July 2024	1	30 June 2026	11/15	15/15
Mr Terry Symonds (to 13 May 2025)	1 July 2022	2	30 June 2027	8/13	5/13
Dr Angela Williams	1 July 2020	3	30 June 2027	14/15	14/15

COMMITTEE MEETINGS	AUDIT AND RISK COMMITTEE	COMMUNITY ADVISORY COMMITTEE	FINANCE COMMITTEE	QUALITY AND SAFETY COMMITTEE	PEOPLE AND CULTURE COMMITTEE	PRIMARY CARE AND POPULATION HEALTH ADVISORY COMMITTEE
Mr Tass Mousaferiadis	5/5		12/12	4/6	6/6	
Prof Ross Coppel			7/7	6/6		
Ms Anna Lee Cribb	4/4				5/6	2/2
Ms Sally Freeman	4/5		12/12			
Mrs Penny Hutchinson	5/5		11/12	6/6		
Dr Bob Mitchell	4/5	6/6	10/12			2/2
Mr Joe Morrison		2/4			2/2	
Mr Terry Symonds (to 13 May 2025)				1/6	1/5	
Dr Angela Williams				6/6	6/6	2/2

## Purpose, functions, powers and duties

The core objective of Eastern Health is to provide public health services in accordance with the principles established as guidelines for the delivery of public hospital services in Victoria under section 17AA of the *Health Services Act 1988*.

The other objectives of Eastern Health, as a public health service, are to:

- Provide high-quality health services to the community which aim to meet community needs effectively and efficiently.
- Integrate care as needed across service boundaries, in order to achieve continuity of care and promote the most appropriate level of care to meet the needs of individuals.
- Ensure that health services are aimed at improvements in individual health outcomes and population health status by allocating resources according to best-practice healthcare approaches.
- Ensure that the health service strives to continuously improve quality and foster innovation.
- Support a broad range of high-quality health research to contribute to new knowledge and take advantage of knowledge gained elsewhere.
- Operate in a business-like manner which maximises efficiency, effectiveness and cost-effectiveness, and ensures the financial viability of the health service.
- Ensure that mechanisms are available to inform consumers and protect their rights, and to facilitate consultation with the community.
- Operate a public health service, as authorised by or under the Act.
- Carry out any other activities that may be conveniently undertaken in connection with the operation of a public health service or calculated to make more efficient any of the health service's assets or activities.

# Board Committees

In accordance with the *Health Services Act 1988*, the Board of Directors is supported by several committees and advisory committees. The responsibilities of each committee are set out in its terms of reference.

Each committee is required to report to the Board through its minutes and may make recommendations. The minutes of each committee meeting are introduced by the relevant Committee Chair and discussed by the Board.

## Community Advisory Committee

### Chair:

- Dr Bob Mitchell

### Community Co-Chair:

- Ms Naveena Nekkhalapudi (from August 2023)

### Members

- Mr Joe Morrison (from October 2024)
- Ms Sally Freeman (in attendance August 2024)
- Adj Prof David Plunkett (in attendance August 2024)

The role of the Community Advisory Committee is to provide direction and leadership in relation to the integration of consumer, carer and community views at all levels of health service operations, planning and policy development, and to advocate to the Board on behalf of the community, consumers and carers.

Members of the committee representing the community in which Eastern Health operates were Ms Naveena Nekkhalapudi (Community Member Co-Chair); Mr Bill Bennett; Ms Dilnaz Billimoria, Ms Kate Corrigan; Ms Joanne Marchione; Mr Murray Pitman; Ms Daniele Noel; Mr Paul Roche; Ms Zoe Simmons; Ms Roberta Styles-Wood; Ms Irene Toh; and Ms Mia Wallace.

Some of the activities that members participated in included ongoing involvement in planning workshops, consumer forums, Clinical Risk Governance Committees, governance committees and quality improvement projects.

For more information about the Community Advisory Committee, visit [www.easternhealth.org.au](http://www.easternhealth.org.au)

## Finance Committee

### Chair:

- Ms Sally Freeman

### Members:

- Prof Ross Coppel
- Mrs Penny Hutchinson
- Dr Bob Mitchell
- Mr Tass Mousaferiadis

The primary function of the Finance Committee is to assist the Board in fulfilling its responsibilities to oversee Eastern Health's assets and resources. It reviews and monitors the financial performance of Eastern Health in accordance with approved strategies, initiatives and goals.

The committee makes recommendations to the Board regarding the Eastern Health financial performance, financial commitments and financial policy.

The committee normally meets monthly, and 11 meetings are scheduled each financial year.

The committee has assisted the Board to exercise its financial stewardship responsibility throughout the year.

## Primary Care and Population Health Advisory Committee

### Chair:

- Ms Anna Lee Cribb, Board Director

### Members:

- Dr Bob Mitchell Board Director
- Adj Prof David Plunkett, Chief Executive
- Dr Angela Williams, Board Director
- Ms Toni Gutschlag Executive Director Mental Health, Clinical Support and Transformation
- Ms Judith Drake Consumer Nominee, EACH
- Dr Andrew Gosbell, EACH Board Chair
- Ms Kim Griffiths Inspiro Board Director
- Dr Caroline Johnson Eastern Melbourne Primary Health Network Board Member
- Ms Deanna McKenzie Consumer Nominee, Inspiro
- A/Prof John Rasa, healthAbility Board Chair
- Mr Peter Turner, Access Health and Community Board Director (until May 2025)
- Ms Janine Wilson Eastern Melbourne Primary Health Network Chief Executive

The role of the Primary Care and Population Health Advisory Committee is to monitor and report to the Board on the effective implementation of the Primary Care and Population Health Plan and any barriers to its successful implementation.

In accordance with the requirements of section 65ZC of the *Health Service Act 1988* (Vic), the committee consists of members who between them have:

- Expertise in or knowledge of the provision of primary health services in the areas served by Eastern Health.
- Expertise in identifying health issues affecting the population served by Eastern Health and designing strategies to improve the health of the population.
- Knowledge of the health services provided by local government in the areas served by Eastern Health.

## Quality and Safety Committee

### Chair:

- **Dr Angela Williams**  
(until March 2025)
- **Prof Ross Coppel**  
(from March 2025)

### Members:

- **Mrs Penny Hutchinson**
- **Ms Raj Liskaser**  
Consumer
- **Ms Tarnya McKenzie**  
Consumer
- **Mr Tass Mousaferiadis**
- **Mr Terry Symonds**  
(until May 2025)

The Quality and Safety Committee is responsible to the Board for ensuring that safe, effective and accountable systems are in place to monitor and improve the quality and safety of health services provided by Eastern Health and that any systemic problems identified with the quality and safety of health services are addressed in a timely manner.

It also ensures Eastern Health strives to continuously improve quality and safety and foster innovation; and that clinical risk and patient safety are managed effectively. The committee has assisted the Board to exercise its clinical governance responsibility throughout the year.

## Audit and Risk Committee

### Chair:

- **Mrs Penny Hutchinson**

### Members:

- **Ms Anna Lee Cribb**
- **Ms Sally Freeman**
- **Dr Bob Mitchell**
- **Mr Tass Mousaferiadis**

The purpose of the Audit and Risk Committee is to assist the Board to discharge its responsibilities by having oversight of the integrity of the financial statements and financial reporting systems of Eastern Health; liaison with the Victorian Auditor-General or the Auditor-General's nominee; the internal auditor's qualifications, performance, independence and fees; and the financial reporting and statutory compliance obligations of Eastern Health.

The committee also assists the Board in relation to oversight and review of risk management, occupational health and safety, and legislative compliance.

In accordance with the Standing Directions under the *Financial Management Act 1994*, the committee is comprised of three or more Board Directors. All members are independent.

The committee has assisted the Board to exercise its financial and risk management responsibility throughout the year.

## People and Culture Committee

### Chair:

- **Mr Tass Mousaferiadis**  
(until March 2025)
- **Dr Angela Williams**  
(from March 2025)

### Members:

- **Mr Joe Morrison**  
(from March 2025)
- **Mrs Anna Lee Cribb**
- **Mr Terry Symonds**  
(until May 2025)
- **Mr Tass Mousaferiadis**  
(from April 2025)

The primary purpose of the People and Culture Committee is to oversee the Eastern Health People and Culture and Workplace Health and Safety strategies, and compliance with government policy in relation to the remuneration of the Chief Executive, to ensure realisation of the Eastern Health Strategic Plan and espoused culture.

# Organisational Structure

The structure of Eastern Health comprises nine directorates with responsibility for the management of organisational operating systems and organisational performance.



# Executive

- **Adjunct Professor David Plunkett**
- **Mr Paul Adcock**  
(until December 2024)
- **Adjunct Professor Philippa Blencowe**
- **Adjunct Clinical Professor Paul Buntine**
- **Mr Geoff Cutter**  
(until November 2024)
- **Adjunct Clinical Associate Professor Alison Dwyer**
- **Ms Toni Gutschlag**
- **Mr Rohan Lovell**
- **Ms Rachel Meehan**  
(until December 2024)
- **Ms Ged Millard**
- **Ms Shannon Wight**
- **Mr Adam Williams**
- **Mr Rama Devarajan**
- **A/Prof Evan Newnham**  
(acting from January 2025)
- **Mr Craig Trenfield**  
(from November 2024)



## Adjunct Professor David Plunkett

RN GradDipBusMgt MBA GAICD

### Chief Executive

Adjunct Professor Plunkett has many years of executive and senior management experience in both the public and private health sectors. He commenced his health career as a Registered Nurse.

Adjunct Professor Plunkett joined Eastern Health in 2002 and held various roles, including Chief Nursing and Midwifery Officer and Executive Director Acute Health, all leading to his current role of Eastern Health Chief Executive, held since September 2016.

He is a member of the Eastern Metropolitan Partnership, appointed by the Minister for Suburban Development, and is a Fellow and current Board Director of the Australian College of Nursing.



## Adjunct Professor Philippa Blencowe

MACN, AAICD

### Executive Director

#### Nursing and Midwifery, Residential Aged Care and Support Services

Adjunct Professor Philippa Blencowe has been at Eastern Health for 20 years and has held many clinical nursing and administrative roles in health care with a clinical background in critical care. She has a passion for ensuring high quality care delivery, staff and patient experience.

Adjunct Professor Philippa Blencowe is responsible for professional practice of the nursing and midwifery workforce, Residential Aged Care Services and supporting clinical operations to deliver safe and quality care across Eastern Health.



## Adjunct Clinical Professor Paul Buntine

MBBS (Hons), DipMgt, MClInRes, FACEM

### Acting Executive Director

#### Eastern Health Institute

Adjunct Associate Professor Paul Buntine joined Eastern Health in 2001 and has worked as an Emergency Medicine specialist at Box Hill Hospital since 2007. He has a long history of driving local level quality improvement and has led the Eastern Health Emergency Medicine research program since 2019, with particular interests in clinical decision making and evidence based practice.

He provides oversight of education and research activities across Eastern Health, connecting these activities to clinical practice to improve patient care.



## Mr Rama Devarajan

BCom(Hon), MBA, ASCPA

### Executive Director

#### Finance and Procurement

Rama has had an impressive career in the financial industry, having worked at BHP in senior finance roles around the world, and his most recent role in the health sector, as Chief Financial Officer at Peninsula Health, developing a strong base of knowledge, business strategy and planning and worked closely with the Board and Executive team.



## Adjunct Clinical Associate Professor Alison Dwyer

MBBS MBA MHSM FRACMA FCHSM GAICD

### Acting Executive Director

#### Medical and Clinical Governance

Adjunct Associate Professor Dwyer commenced at Eastern Health in February 2019. Her previous roles have included Chief Medical Officer at Northern Health, Medical Director Quality, Safety and Risk Management at Austin Health and Director Medical Services at Royal Melbourne Hospital. She is a past Board Member of Peninsula Health and Chair of its Quality, Safety and Clinical Governance Committee.

Adjunct Associate Professor Dwyer is a Fellow of the Royal Australasian College of Medical Administrators (RACMA) and has a strong involvement in the training of medical administration registrars as a current Supervisor, Preceptor, Examination Censor and previously been Chair of the Medical Administration Workforce Planning Committee.

She is also a current ACHS Surveyor and her research interests have focused on junior medical staff wellbeing, engaging medical staff in quality and the role of the Medical Administrator in Health Services.



## Ms Toni Gutschlag

EMPA BSW

### Executive Director

#### Mental Health, Clinical Support and Transformation

Ms Gutschlag is an experienced health executive including in the areas of operational management, delivery, and strategic leadership in mental health and addiction. She joined Eastern Health from New Zealand where she had 28 years of health system experience. Her most recent role was Southern Executive Director Mental Health, Addictions, and Intellectual Disability for Te Whatu Ora, Health New Zealand.

Ms Gutschlag is responsible for Mental Health and Wellbeing, Statewide Services, Medical Imaging, Pathology, Pharmacy and Transformation.



## Mr Rohan Lovell

BArch

### Executive Director

#### Infrastructure and Digital

Mr Lovell commenced at Eastern Health in February 2023.

With over 20 years of strategic Infrastructure, Building and Corporate Support Services experience, Mr Lovell was previously the Director of Property and Asset Services at Fire Rescue Victoria and Director of Infrastructure and Support Services at Barwon Health. He provides a strategic and collaborative approach to the ongoing organisational transformation and sustainable growth for Eastern Health.

Mr Lovell holds a degree in Architecture with additional tertiary qualifications in Risk and Project Management.



## Ms Ged Millard

B.App.Sci (Physio), MCLin Ed

### Executive Director

#### Allied Health, Strategy, Improvement and Experience

Ms Millard has over 30 years experience in the health sector, predominantly in public health. She has worked overseas in Canada and New Zealand in acute settings to community-based service.

Ms Millard also has operational management experience across Allied Health-specific teams and broader clinical service teams, including her role as Associate Program Director Specialty Medicine and Ambulatory Care at Eastern Health. Her breadth of experience also extends to work in quality systems, improvement and clinical governance roles. Ms Millard's education roles are inclusive of clinical and university-based instruction, along with course development.



## Mr Adam Williams

BCom

### Executive Director

#### People and Culture

Mr Williams has a 20-year career as a HR executive in Australia and abroad with significant experience in workplace relations, transformation initiatives and strategic workforce planning. Mr Williams joined from CSL where he had been for over 10 years in senior HR roles covering Australia, Asia Pac and Global Operations.

Previously Mr Williams spent time in Visy, Jetstar and Mondelez. Mr Williams is responsible for People and Culture, Occupational Health, Safety and Wellbeing, and Communications.



# OUR PEOPLE

## Working at Eastern Health

Eastern Health is committed to strengthening our greatest and most important asset: our people. Our focus is to be a high-performing, safe and values-based organisation with a passionate and diverse workforce. Supporting, developing and learning from our people is critical to our continued success. We invest in developing our leaders so they can attract, develop and retain the best people in health care. In support of this, Eastern Health has been focused on strategic workforce planning, leadership development, diversity, equity and inclusion, employee experiences and employee wellbeing.

### Employment and Conduct Principles

- Eastern Health is committed to being an Equal Opportunity Employer, where all staff and prospective employees are assessed based on merit –regardless of race, gender, age, marital status, religion, or any other unlawful basis for discrimination.

We strive to create a workplace that is safe, respectful and free from bullying and discrimination. Any behaviours that do not reflect the Eastern Health values will be addressed appropriately.

- Our guiding principles are aligned with the *Public Administration Act 2024 (Vic)*, which upholds the enduring public sector values of responsiveness, integrity, impartiality, accountability, respect, leadership and support for human rights.
- Fair and merit-based employment decisions.
- Equal treatment for all individuals.
- Equal opportunity for career growth and access to work.
- Support for human rights under the *Victorian Charter of Human Rights and Responsibilities Act 2006*.
- A clear process for addressing unfair or unreasonable treatment.
- A safe and healthy work environment.
- The development of meaningful career pathways in public healthcare.

## Industrial Relations

During 2024-25, Eastern Health had a number of enterprise agreements that underwent renegotiation:

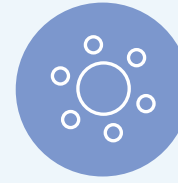
- Nurses and Midwives (Victorian Public Sector) Single Interest Employer Agreement 2024-2028 approved in the FWC 8 November 2024.
- Biomedical Engineers (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2024-2028 - *Approved in the FWC 21 January 2025.*
- Health and Allied Services, Managers and Administrative Workers (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2021-2025 expired - *Bargaining commenced on a new agreement.*
- Medical Scientists, Pharmacists and Psychologists Victorian Public Sector (Single Interest Employers) Enterprise Agreement 2021-2025 expired - *Bargaining commenced on a new agreement.*
- Victorian Public Mental Health Services Enterprise Agreement 2020-2024 expired - *Bargaining commenced on a new agreement.*

## HIGHLIGHTS



**74.6**

of our workforce  
is female



**25**

staff who identify  
as Aboriginal and  
Torres Strait Islander



**18**

age of youngest  
employee



**83**

age of oldest  
employee



**126**

nationalities that  
make up the Eastern  
Health workforce



**60%**

staff who live in the  
community we serve

## Workforce data

Eastern Health is committed to overseeing all aspects of employment, including recruitment, training, promotion, and safeguarding of our employees.

Eastern Health upholds policies and procedures to ensure we treat all with respect and strive for equality.

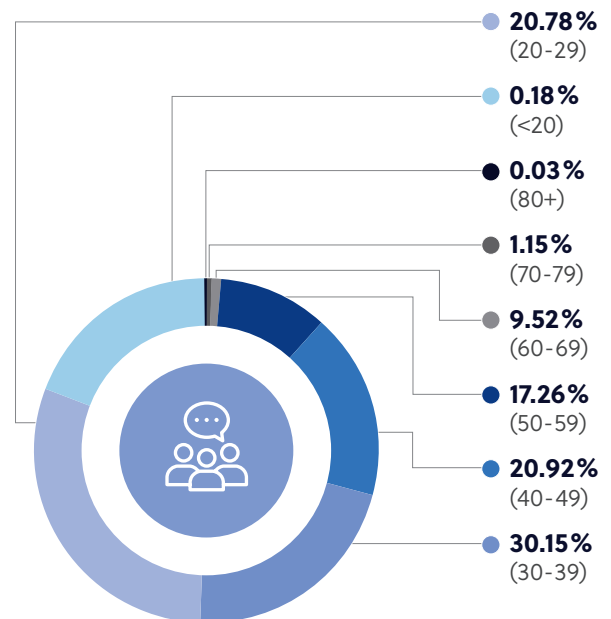
Eastern Health provides a safe working environment valuing collaboration, respect, care and aim to live our values everyday.

LABOUR CATEGORY	JUNE CURRENT MONTH FTE		JUNE YEAR TO DATE FTE	
	2024	2025	2024	2025
1 Nursing Services	3,421	3,538	3,284	3,455
2 Administration and Clerical	1,163	1,147	1,123	1,163
3 Medical Support Services	749	762	717	748
4 Hotel and Allied Services	389	381	389	356
5 Medical Officers	144	134	146	144
6 Hospital Medical Officers	810	805	780	810
7 Sessional Medical Officers	301	342	287	301
8 Ancillary Support Officers	811	840	761	811
<b>TOTAL</b>	<b>7,788</b>	<b>7,949</b>	<b>7,487</b>	<b>7,788</b>

The FTE figures required in the table are those excluding overtime. These do not include contracted staff (e.g. Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose. Employees have been correctly classified in workforce data collection.

## Workforce age breakdown

AGE GROUP	NUMBER OF STAFF	PERCENTAGE
< 20	9	0.18%
20-29	2280	20.78%
30-39	3581	30.15%
40-49	2539	20.92%
50-59	2065	17.26%
60-69	1215	9.52%
70-79	151	1.15%
80+	5	0.03%
<b>TOTAL</b>	<b>11,845</b>	<b>100</b>



Employees have been correctly classified in workforce data collection.

## A2i Awards Aspire to Inspire: celebrating excellence across Eastern Health

The A2i Awards recognise and honour individuals and teams who consistently go above and beyond in their roles, demonstrating Eastern Health values through exceptional contributions.

These awards also spotlight achievements in key focus areas including workplace safety and wellbeing, sustainability, consumer participation, Aboriginal health and wellbeing and volunteer engagement.

In 2024, one of the award categories underwent a meaningful transformation. Following consultation with members of the Closing the Health Gap Committee and the Aboriginal Staff Network, the 'Closing the Health Gap' Award was renamed the 'Bunjil's Spirit Award for Excellence in Aboriginal Health and Wellbeing'.

This new name more deeply reflects the spirit and cultural significance of the award, reinforcing its importance within our community.

Over 400 nominations were received across the 12 award categories, showcasing incredible dedication and impact of Eastern Health volunteers.

Finalists were carefully selected at the directorate level, and award winners determined by members of the Eastern Health Executive, with special guest judges invited to ensure community representation; a member of the Community Advisory Committee judged the Consumer Participation Award and an Aboriginal Community Member judged the Bunjil's Spirit Award.

The A2i Awards Ceremony was held in person on 4 December, as part of the Eastern Health Annual Meeting. All award recipients were invited to attend and celebrate the outstanding achievements that continue to uplift our organisation.

## A2i Awards recipients



### Bunjil's Spirit Award for Excellence in Aboriginal Health and Wellbeing

**Donna Dryden**  
Aboriginal Health Care Worker



### Consumer Participation

Pharmacy Team:  
North Eastern Melbourne Integrated Cancer Service (NEMICS) Project Team



### Diversity and Inclusion Champion

**Tara Morrell**  
Diversity and Inclusion Worker



### Eastern Health Foundation

**Emma-Rose Parsons**



### Excellent Care and Experiences

GEM@Home/  
Rehab@Home Team



### Learning and Improving Every Day

**Niall Kennedy**  
Consultant Intensivist



### Partnering in Care

**Benn Veenker**  
Manager of Lived Experience Workforce and Advocacy



### Safe Always

**Michelle Taylor**  
Team Leader  
Maroondah Continuing Care Together



### Respect for All

**Hayley Hennessey**  
Personal Assistant  
Mental Health



### Rising Leader

**Sophie Orben**  
Training and Testing Analyst



### Resource Optimisation

**Renee Burdeu**  
Senior Counsellor Advocate ECASA (Eastern Centre Against Sexual Assault)



### Volunteer and Consumer Representative

**Denise Curran**  
Volunteer



### Sam Campbell

Deputy Chief Data and Analytics Officer/  
Principal Data Scientist

# Occupational Health and Safety

At Eastern Health, people are central to securing a healthy future for the community we serve. We continue to focus on ensuring staff are safe, healthy and supported by creating a values-based, safe workplace.

## Occupational Health and Safety

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2022-2023	2023-2024	2024-25
The number of reported hazards/incidents for the year per 100 FTE	30.0	29.6	32.9
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	2.0	1.9	1.1
The average cost per WorkCover claim for the year ('000)	\$64,940	\$91,354	\$59,482

## Occupational violence

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2024-2025
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.20
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.4
Number of occupational violence incidents reported	1,289
Number of occupational violence incidents reported per 100 FTE	16.5
Percentage of occupational violence incidents resulting in a staff injury, illness, or condition	45.8%

### Definitions

#### Occupational violence:

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

#### Incident:

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

#### Accepted WorkCover claims:

Accepted WorkCover claims that were lodged in 2024-25.

#### Lost time:

Time lost that is greater than one day.

#### Injury, illness or condition:

Includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



# OUR PERFORMANCE

## Measuring our performance

Eastern Health is committed to its promise of 'Healthier together'. This commitment is supported by a robust clinical governance framework and an organisation-wide focus on a strong and positive safety culture of improving performance together with each other, organisational partners, consumers and the community. This includes being aware of and responsive to the needs and emerging risks of our community, patients, staff and other stakeholders.

**Eastern Health takes a risk-based approach to monitoring and improving how we provide care to achieve the best outcomes for our patients, their families and loved ones, and the community as a whole.**

Reporting of performance occurs at all levels of the organisation to ensure priorities and achievements are aligned with Eastern Health's strategy. A broad range of clinical and performance indicators are benchmarked against our peers at a state and national level.

Eastern Health's performance against key priorities of the state government are publicly available on the Victorian Agency for Health Information website: [vahi.vic.gov.au](http://vahi.vic.gov.au).

Eastern Health is accredited against all mandatory industry standards as well as a range of voluntary standards

that apply across a variety of services and campuses. For example:

- Eastern Health successfully completed an external assessment against the National Safety and Quality in Health Service Standards (Version 2) in 2023 and is awaiting its first assessment under the new short notice assessment requirements of the Australian Commission on Safety and Quality in Health Care;
- A range of Eastern Health's services are accredited by the Australian Aged Care Quality Agency, including murrenda, a residential aged care facility at Eastern Health Wantirna;
- Eastern Health's pathology laboratories, medical imaging and cardiology services are accredited under their respective industry standards.

Credentialing of trainee positions across a range of medical streams is completed by relevant professional colleges on various cycles, usually of between three and five years.

Compliance with these industry standards and credentialing processes ensures we can be confident in the systems, processes and quality of care we provide to all our patients and the community, regardless of location or service type.

Recommendations and suggestions we receive as a result of activities such as accreditation, audits and other service reviews allow Eastern Health to focus improvement efforts on those things that will have the greatest impact on the quality and safety of its services.



# Performance Against Statement of Priorities: Part A




Achieved







Ongoing

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>Excellence in clinical governance</b>		
<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>Improve paediatric patient outcomes by implementing the “ViCTOR track and trigger” observation chart and escalation system whenever children have observations taken.</p>	<p></p> <p>Eastern Health has embedded the use of age-appropriate ViCTOR track and trigger observations charts for all patients up to the age of 15 treated within Eastern Health. These charts are integrated in the electronic medical record (EMR) system used in all three Eastern Health Emergency Departments and Short Stay Units, as well as inpatient and day wards at Eastern Health Box Hill and Eastern Health Angliss.</p> <p>For patients in the 16- to 18-year-old cohort, Eastern Health is currently investigating the purchase of a new adolescent clinical deterioration module within the EMR system that would enable use of the ViCTOR track and trigger observation chart and escalation system for this age group. The risks associated with using adult age-based observation criteria for patients aged 16 or 17 have been assessed and are being appropriately managed.</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>Improve whole of hospital patient flow, and establish a safe calm working environment for staff by implementing the objectives of Eastern Health’s Quality Care Together program focussed on timely access to care, quality and safety and culture.</p>	<p></p> <p>Key initiatives and improvements associated with the Quality Care Together Program have included:</p> <ul style="list-style-type: none"> <li>• Eastern Health has completed an evaluation of systems and processes to meet the new Standards for Safe and Timely Ambulance and Emergency Care for Victorians. As a result of this assessment, focused improvement work has been undertaken to establish a new demand escalation policy, framework and associated processes. New mechanisms to report and monitor real time performance have also been established for managing demand.</li> </ul> <p>The Timely Emergency Care 2 (TEC2) initiative is an improvement program focused on enhancing timely access and quality of care across a wide range of streams and services, including directly within the emergency department, acute and sub-acute admitted services, Care@Home services and systems for enabling patient flow management across all stages of care.</p>


Continued on page 31

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>Excellence in clinical governance</b>		
		<p>This includes for example reducing waiting times and ambulance handover in the emergency department. The most recent progress report from the Department of Health recognised Eastern Health Maroondah as demonstrating improvement, while Eastern Health Angliss and Eastern Health Box Hill were both recognised for their sustainable improvement in optimising patient flow.</p>
<p>MA7 Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.</p>	<p>Engage in one or more mental health improvement program of Safer Care Victoria – elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.</p>	 <p>The Mental Health and Wellbeing Program is engaged in all three of the Safer Care Victoria mental health improvement initiatives and delivered the following achievements against them:</p> <ul style="list-style-type: none"> <li>• Electronic restrictive intervention documentation processes were established with the support of the EMR team.</li> <li>• Worked with non-mental Health and Wellbeing Program departments to ensure that restrictive intervention information can be submitted to the Office of the Chief Psychiatrist within 24 hours as required.</li> <li>• Completed an improvement project to reduce errors in restrictive intervention documentation to support more effective review of practices.</li> <li>• Enhanced the timeliness and visibility, reporting and oversight of chemical restraint.</li> <li>• Improving sexual safety</li> <li>• Enhanced reporting and leadership in responding to sexual safety incidents. Analysis indicates that whilst sexual safety reporting has increased, the severity of these incidents is low and reflects increased staff knowledge and understanding of sexual safety.</li> <li>• Strengthening focus on sexual safety plans when clients are admitted, with an emphasis on consumer feelings of safety.</li> <li>• Enhanced processes focusing on identification of high-risk consumers and support throughout their admission.</li> <li>• Establishment of reflective practice groups.</li> </ul> <p>Implementation of the zero-suicide framework and reducing compulsory treatment</p> <ul style="list-style-type: none"> <li>• Strengthened governance processes to support alignment and compliance with the Zero Suicide Framework.</li> <li>• Establishment of a quarterly workforce survey to identify areas of opportunity to embed the Zero Suicide Framework.</li> <li>• Developed and delivered training for staff regarding the assessment of and engagement in suicidal behaviours in children and young people, including their families.</li> </ul>

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>Operate within budget</b>		
<p>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.</p>	<p>Deliver on the key initiatives as outlined in the Budget Action Plan.</p>	 <p>Despite returning a deficit operating result for the 2024-25 financial year, Eastern Health delivered the activities within this year's Budget Action Plan which delivered combined savings of \$125.8 million. A total of 24 major initiatives were progressed and delivered under this program of work to achieve this result.</p>
	<p>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.</p>	 <p>Priority initiatives from Year 3 of the Data and Analytics strategy have been implemented including:</p> <ul style="list-style-type: none"> <li>• A broad range of performance dashboards to enhance the visibility of real-time performance across clinical and corporate operations.</li> <li>• Continued development of data science capability.</li> <li>• The development and testing of automated machine learning models to support clinical decision making.</li> </ul> <p>The development of a new Data and Analytics plan has commenced to ensure Eastern Health effectively manages and utilises data to inform our decisions at every level of the organisation.</p>
	<p>Eastern Health will work closely and openly with HealthShare Victoria (HSV) from a relevant data gathering, relevant data sharing (access to contracts, staffing information, financial) and any other relevant perspective to ensure timely preparedness for eventual consolidation of their purchasing and supply chain (logistics) functions to HSV.</p>	 <p>Eastern Health has been collaborating closely with Health Share Victoria (HSV) to progress phase 1 of this initiative over the past year.</p> <p>Workshops commenced in February 2025 where the operating model for this first phase was scoped as a 'delivery to Eastern Health's Distribution Centre' model, via HSV's Warehouses.</p> <p>This process has identified over 400 different matched products that Eastern Health could source from HSV. Ordering of products from HSV which offer a commercial benefit to Eastern Health has now commenced.</p> <p>Further phases of this initiative will occur during the 2026 financial year.</p>

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>Improving equitable access to healthcare and wellbeing</b>		
<p>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.</p>	<p>Provide a culturally safe and welcoming environment demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.</p>	 <p>In November 2024, Eastern Health launched its new Aboriginal Health Cultural Safety Plan. This 3-year plan includes a broad range of actions across focus areas including:</p> <ul style="list-style-type: none"> <li>• Board, CEO and Executive Leadership</li> <li>• Aboriginal employment</li> <li>• Engagement and partnership</li> <li>• Identifying health needs of Aboriginal and Torres Strait Islander population</li> <li>• Cultural safety training</li> <li>• Creating and safe and welcoming environment</li> <li>• Identifying people of Aboriginal and/or Torres Strait Islander origin – ‘Asking the Question’</li> <li>• Monitoring and accountability</li> </ul> <p>Specific work has also been undertaken to improve Eastern Health’s performance against Key Performance Indicators relating to the Proportion of Aboriginal and/or Torres Strait Islander patients not waiting to be seen in an Emergency Department and who discharge themselves against medical advice. This has included proactively seeking feedback from Aboriginal patients at Eastern Health and considering alternative mechanisms to receive and respond to input about how to make our services more welcoming.</p> <p>Eastern Health is also working with staff, the Community and Reconciliation Australia on the development of the next Reconciliation Action Plan (RAP).</p>
<p>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 business.</p>	<p>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.</p>	 <p>Aboriginal Cultural Awareness Training is mandatory for all staff on a biennial basis through our online learning portal.</p> <p>During the year, Eastern Health engaged Professor Andrew Gunstone to speak at the Executive and Senior Leadership Forum about Reconciliation, the Yoorook Justice Commission Report and Victorian Treaty negotiations. Professor Gunstone is an international expert in academic, industry, and community engagements and understandings of reconciliation and Co-Chair of the Board of Directors at Reconciliation Victoria, the peak state-wide body leading reconciliation.</p> <p>Eastern Health is progressing the development of a Cultural Safety Training plan in collaboration with the Department of Health and Aboriginal Community-Controlled Organisation partners.</p> <p>In 2024-2025 Senior leaders across Eastern Health have also attended cultural immersion opportunities at Coranderrk, facilitated by Wandooon Estate Aboriginal Corporation, to deepen their understanding of the history and efforts towards self-determination in the region.</p>

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>A stronger workforce</b>		
<p>MD1 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>Continue implementation of Eastern Health's People and Culture Roadmap including strategic workforce planning, talent and succession planning, leadership programs, People Matter Survey improvement initiatives, occupational health safety and wellbeing programs, and diversity equity and inclusion initiatives.</p>	 <p>14 distinct activities have been progressed under Eastern Health's People and Culture Roadmap. These include:</p> <ul style="list-style-type: none"> <li>• A leadership framework to support developing leaders</li> <li>• A listening framework to engage and consistently hear the views of staff</li> <li>• Talent and succession planning</li> <li>• Psychosocial risk and psychological safety including manager training and support</li> <li>• Safety culture with a focus on research in collaboration with Deakin University</li> <li>• Optimising workforce management and support with new technologies and corporate partners.</li> </ul>
<p>MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.</p>	<p>Continuing to support the implementation of medium and long-term priorities of the Mental Health Workforce Strategy.</p>	 <p>Priority initiatives from Year 3 of the Data and Analytics strategy have been implemented including:</p> <ul style="list-style-type: none"> <li>• In accordance with the medium- and longer-term priorities of Eastern Health's Strategic Workforce Plan Mental Health and Wellbeing Program 2022-2025, implementation of workforce strategies and solutions have progressed with a resultant reduction in the EFT gap to its lowest level since the pandemic.</li> <li>• Considerable work to deliver an expanded Lived Experience Workforce (LEW) structure, enabling opportunities for consumers and carers to inform and shape the Program's response to the recommendations from the Royal Commission.</li> <li>• Development of the Lived Experience Workforce Framework, reflecting the Program's current-state and setting an ambitious future and identifying the governance arrangements for the Workforce to ensure robust support and resourcing.</li> <li>• Development and launch of a pathway program for the Lived Experience Workforce, the Lived Experience Entry Program, delivers a safe, inclusive, and empowering placement experience in conjunction with TAFE providers to enhance student placement pathways for individuals studying the Certificate IV in Mental Health Peer Work.</li> <li>• Focus on the psychiatry and medical workforce pipeline through targeted attraction and retention with excellent outcomes.</li> <li>• Identification and fitting-out of purpose-designed clinical spaces to support the workforce to deliver care in safe and welcoming environment.</li> <li>• Following a Mental Health Support Worker pilot project on the Older Adult inpatient unit, 1.2 EFT have been permanently embedded into the team.</li> </ul>

GOALS	DELIVERABLES	ACHIEVEMENTS AND OUTCOME
<b>Moving from competition to collaboration</b>		
<p>ME2 Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.</p>	<p>Partner with mental health and wellbeing services in the local region to implement mental health reform.</p>	 <p>Eastern Health has continued to strengthen its partnership with other mental health and wellbeing services in the region through the Mental Health and Wellbeing Local in Yarra Ranges.</p> <p>Commencing operations in December 2023, this service is provided in partnership between Eastern Health, Inspiro (recently merged with Access Health and Community), Oonah and Wellways. Operating from a newly refitted, permanent location in Lilydale, with satellite sites in Belgrave and Yarra Junction, each partner agency directly employs staff to work at the service.</p> <p>Eastern Health has recruited 10 EFT to support the Mental Health and Wellbeing Local, with systems and processes now well embedded into practice. Excellent feedback has been received both from referring services (including inpatient mental health units) and from consumers.</p> <p>Service provision hours have exceeded target throughout the financial year with consistently high demand from the local community.</p>



## MANAGING OUR RISKS

Eastern Health takes a balanced and systematic approach to risk management to ensure timely identification of threats and opportunities and proactive assessment and management of risks to support the achievement of our strategic initiatives.

The Eastern Health defined Risk Management Strategy outlines a path forward to progress the organisation's risk maturity and culture.

This approach further strengthens the integration of risk management into key Eastern Health systems and processes and guides day-to-day decision making and strategy deployment across the organisation.

The Audit and Risk Committee has oversight of the enterprise risk management system, with a focus on the most significant risks facing the organisation, including use of key metrics to monitor the system's performance.

The Eastern Health Risk Management Framework aligns with the requirements of the Victorian Government Risk Management Framework (VGRMF) and promotes organisational resilience in the context of a volatile, uncertain, complex, ambiguous and digital world.



## ACCREDITATION

Eastern Health demonstrates its commitment to excellence through external accreditations against a wide range of industry standards, including the National Safety and Quality in Health Service (NSQHS) Standards, Aged Care Quality and Safety Standards, General Practices Standards, Diagnostic Imaging Standards and Pathology Standards.

The NSQHS Standards are the overarching standards that provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

Eastern Health underwent an organisation-wide NSQHSS assessment and was fully reaccredited by the Australian Council on Healthcare Standards (ACHS) in 2024 under the Short Notice Assessment Program (SNAP).

## Partnering with consumers

Eastern Health recognises the importance of partnering with consumers to improve its services and systems and is committed to fostering meaningful consumer and community partnerships at all levels.

The peak body for community and consumer participation at Eastern Health is the Community Advisory Committee (CAC), an advisory committee to the Board of Directors which has 12 consumer representative members from diverse communities and backgrounds.

The Committee is co-chaired by a consumer representative and provides direction and leadership in relation to the integration of consumer, carer and community views into all levels of operations, planning and policy development and advocates to the Board on behalf of the community, consumers and carers.

Eastern Health has 71 consumer representatives on its consumer representative register. Consumer representatives participate in governance committees and contribute to projects and improvement work across Eastern Health. Consumer representatives are provided with further opportunities

to contribute their views and experiences in training and education for the workforce.



In 2024, we developed a new **Community Participation Plan 2025-2026** to build on existing community participation foundations and guide Eastern Health as we continue to strengthen community participation and further embed the consumer voice into everything we do.

The Plan sets out to tell our staff, consumers, patients, carers, families and our community that their participation is fundamental to ensuring we can make a difference. Actions detailed in the Plan will support Eastern Health to actively work towards improving our systems so that consumer and community participation is reflective of the diversity in the communities we serve.

## Aboriginal and Torres Strait Islander health and cultural safety

Culturally safe care remains a cornerstone of the Eastern Health commitment to Closing the Health Gap for First Nations people. A major achievement was the launch of the **Cultural Safety Plan 2024-2026**. The plan outlines a whole organisation approach to embedding cultural safety through leadership, systems and practice.



Mandatory Aboriginal Cultural Awareness Training reached over 90% of staff, exceeding our target and reflecting a growing cultural responsiveness across the workforce.

We made substantial progress to embed cultural safety across leadership by hosting an immersive “On Country” cultural awareness training day at Coranderrk. This was attended by Board members, Executive leaders and the Clinical Governance team. This transformative experience deepened cultural understanding and is shaping cultural safety and how care is delivered at every level.

Further embedding cultural capability, Cancer Services staff completed VACCHO (Victorian Aboriginal Community Controlled Health Organisation) Cultural Safety Training, equipping them to deliver more responsive, respectful care to First Nations consumers. The Women and Children’s Program led comprehensive audits across ward environments, commissioned Aboriginal artworks and is embedding processes to support identification and culturally responsive maternity care.

The “Asking the Question” initiative has maintained strong performance, with over 80% of consumers being asked about their Aboriginal and Torres Strait Islander status across two consecutive quarters, enabling targeted, culturally appropriate care.

To ensure transparency and continual improvement, the Aboriginal Health Scorecard, with 38 indicators, continues to track progress across safety, access, and outcomes. Notably, we have seen a steady increase in Aboriginal inpatient discharges and emergency department attendances, indicating improved access and identification.

Oversight of the plan and associated funding transitioned to the Director First Nations Health Vicky Peters, who commenced in February 2025. This inaugural position reflects our commitment to self-determination and Aboriginal-led governance.



**The “Asking the Question” initiative has maintained strong performance, with over 80% of consumers being asked about their Aboriginal and Torres Strait Islander status across two consecutive quarters, enabling targeted, culturally appropriate care.**

# Performance Against Statement of Priorities: Part B

## HIGH QUALITY AND SAFE CARE

**Eastern Health continues to prioritise its commitment to delivering safe, high-quality care and a great consumer experience to our community.**

Our Clinical Governance Framework enables the organisation to monitor safety and quality at all levels, with oversight and governance extending from clinical service delivery point, through to Program and Directorate Quality and Safety Committees, which in turn inform the Eastern Health Quality and Safety Committee.

Quality and safety measures are monitored through score cards built using Power BI and variance reports which measure and report progress on specific indicators and serve to identify areas for further analysis and improvement.

Our performance data is derived from a range of sources including clinical incidents, patient and consumer feedback, internal auditing and external benchmarked reports which measure key performance indicators.

The new Clinical Governance Report replaces the Quality, Patient Safety and Experience report. The new report informs progress on key quality and safety measures using modern digital data collections. These data reports continue to be refined in response to feedback from the consumers of the report and the development of improved reporting measures within the data warehouse.

Continuous improvement is supported and guided by our Clinical Risk Governance Committees (CRGCs) alongside three Professional Councils, which are responsible for ensuring the clinical care delivered meets National Quality and Safety Health Care Standards and scope of practice within the clinical profession.

Each Clinical Program presents an Appropriate and Effective Care report which is a comprehensive analysis of its performance including details related to improvements to the Board Quality and Safety Committee. These reports document the delivery of care, analyses the performance and describes improvement initiatives that have been completed or are in progress.

The reports are presented on a rotational basis to the Quality and Safety Committee and provide insight and assurance to the Board of the care and clinical outcomes for patients.

Auditing remains a key process for Eastern Health to monitor compliance and identify risks across the organisation. Auditing supports the identification of improvement work at the local level, across programs and across the whole organisation.

At Eastern Health, the Point of Care audits (POC audits) are one of our key measures for assessing our performance across the National Standards.

The auditing process has been optimised in the past 12 months to ensure data is relevant and timely for analysis by managers; improvement of the auditing tool has also provided managers the ability to produce visual graphs to monitor results that are part of local 'Improving Performance Together' boards that are in use across all clinical and non-clinical areas of the organisation.

Performance results across the organisation demonstrate consistent themes across service types and performance gaps are aligned to Eastern Health's clinical risk profile and incident data, such as the management of behaviours of concern and delirium screening and management.

Performance continues to be addressed via local level improvement as well as targeted work led by the Clinical Risk Governance Committees (CRGC).



**Our performance data is derived from a range of sources including clinical incidents, patient and consumer feedback, internal auditing and external benchmarked reports which measure key performance indicators.**

## KEY PERFORMANCE INDICATORS

KEY PERFORMANCE MEASURE	TARGET	2024-25 RESULT
<b>Infection prevention and control</b>		
Percentage of healthcare workers immunised for influenza	94%	96.45%
<b>Continuing care</b>		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	1.15
<b>Adverse events</b>		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	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%	92%
<b>Aboriginal Health</b>		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	2.21%
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments non-Aboriginal patients	Angliss	0%
	Box Hill	0%
	Maroondah	0%
		-0.26
		3.975
		0.53
<b>MENTAL HEALTH</b>		
<b>Mental Health Patient Experience</b>		
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	Not Available*
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	Not Available*
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	Not Available*
<b>Mental Health follow-ups, readmissions and seclusions</b>		
Percentage of consumers followed up within 7 days of separation – inpatient	YTD	84.24%
Percentage of consumers re-admitted within 28 days of separation – inpatient	< 14%	15.70%
Rate of seclusion episodes per 1,000 occupied bed days – inpatient	≤ 6	10.35

\* The YES and CES collection processes were delayed in 2024-25 due to an upgrade in survey methodology. This resulted in a one-off delay to data collection for the cycle. The surveys are now being conducted continuously throughout the year, with the change expected to provide a more accurate and timely picture of consumer and carer experience. Final data was unavailable at the time of preparing and submitting the 2024-25 annual reports.

# CLINICAL INCIDENTS

Eastern Health staff and consumers are encouraged to report incidents. The number and rate of clinical incidents continues to rise each year with the most notable increase in incident type being related to behaviours of concern.

The Incident Severity Rating (ISR) is defined in the new adverse patient safety event (APSE) policy introduced by Safer Care Victoria in 2023 as:

- **ISR 1:** Severe (including death)
- **ISR 2:** Moderate (temporary)
- **ISR 3:** Minor
- **ISR 4:** No harm (near miss)

The VHIMS incident reporting system was updated in May 2025. Updates included changes to the ISR algorithm. This will result in an increased number of ISR3 incidents reported, that would previously have been classified as an ISR4.

The rate of ISR 1 and 2 incidents has remained consistent with our previous year's performance. During the financial year 2024-2025 Eastern Health have reported a higher number of sentinel events to Safer Care Victoria (SCV).

The rate of reported serious harm was 0.25 per 1000 bed days. This is an increase on the previous year's performance. This is associated with the increased number of Sentinel Events reported.

## High-frequency incidents

The highest frequency incident classifications remain unchanged when compared to past years and each continued to trend upward in numbers of occurrence.

These are:

1. Behaviours of Concern
2. Slip/trip/fall
3. Medication errors
4. Harm/injury/skin

## Implementation and reporting of the Statutory Duty of Candour

Eastern Health implemented the processes of the Statutory Duty of Candour (SDC) requirements from 30 November 2022 when the Health Services Act (Vic) was amended.

SDC is commenced once a Serious Adverse Event (SAPSE) is identified, building on the Open Disclosure Framework already implemented.

Under this legislation consumers are provided information about any serious adverse patient safety event that occurs during their care provision within prescribed timeframes and prescribed processes are followed.

The intent of this legislation is to enable open transparent and timely communication with patients and their families following a SAPSE.

Between July 2024 and 30 June 2025, Eastern Health commenced 71 SDC discussions and provided 57 final SAPSE reports. Some patients and/or families have opted out of the initial SDC meeting, however, they have requested to receive the final 50-day SAPSE report. 22 consumers opted out completely from the SDC process. There were no breaches of these instructions from the consumer or their family reported during this period.

A consumer feedback process has been developed for the SDC process and results are analysed and provided to the Executive Committee each quarter. Clinicians are supported by the Lead Patient Safety Officer.

An online SDC training module and two additional online SDC and SAPSE review training is offered as well as individual coaching when a SAPSE occurs. A psychological framework for both patients and staff is followed during SAPSE reviews.

## Community, consumer and patient feedback

Eastern Health proactively promotes feedback as an opportunity for patients, families, carers and community members to provide the organisation with information about their experience and to assist in the review and improvement of services.

Feedback can take the form of a complaint, comment/suggestion, compliment or response to a survey.

The Eastern Health Patient Experience Survey is made available to patients on discharge through several methods. In 2024-25 Eastern Health received 10,202 responses to the Patient Experience Survey which is a large increase from 5215 in 2023-24.

Implementing a process to send a sample of discharged patients a link to the survey via SMS is likely to have contributed to this increase in response numbers.

In 2024-25, 93% of patients who completed the Patient Experience Survey rated their overall care as 'very good' or 'good'.



In 2024-25,  
**93%**  
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## Complaints and compliments

There was an increase in both the number of complaints and number of compliments received by Eastern Health in 2024-25 compared with 2023-24. Overall, Eastern Health received more compliments (2,110) than complaints (1,968) in the 2024-25.

Eastern Health continues to theme feedback received using the Health Complaints Analysis Tool (HCAT). Complaints are themed to one or more of three domains – Clinical, Management and Relationship.

Of the three domains, the Relationship domain featured most in complaints received in 2024-25 which is consistent with previous years. Complaints themed to the relationship domain include complaints about communication, listening and respect and patient rights.

Locations receiving the most feedback continue to be the Emergency Departments and outpatient departments which are also areas with some of the highest volumes of patient episodes of care across Eastern Health.

## Clinical indicators and benchmarking

In 2024-2025, Eastern Health participated in the following benchmarking for Quality and Safety:

- ACHS Clinical Indicator Program: Participation is voluntary and programs identify clinical indicator suites based on potential benefits from participation.

- VICNISS: Healthcare Associated Infection Surveillance.
- Specialty-specific benchmarking through consultative councils including CCOPMM (Consultative Council on Obstetric and Paediatric Mortality and Morbidity), VASM (Victorian Audit of Surgical Mortality), VPSP (Victorian Perinatal Services Performance Indicators) and disease-specific Registries (e.g. National Hip Fracture Registry, Victorian Cardiac Outcomes Registry (VCOR)) and other industry benchmarking (there is inconsistent participation and use of registry data).
- Public Sector Residential Aged Care Services (PSRACS) indicators: Since July 2006 Public Sector Residential Aged Care Services (PSRACS) in Victoria have participated in the collection, reporting and benchmarking of data for a set of quality-of-care performance indicators. There are 18 indicators currently reported to assist in monitoring and improving care provided to PSRACS residents across 5 areas of clinical risk.
- Australasian Rehabilitation Outcome Centre (AROC) Indicators.
- Palliative Care Outcome Collaborative (PCOC) and additional Department of Health (DoH) Palliative Care Indicator Trials.
- Pathology: Royal College of Pathologists Australia Quality Assurance Programs (RCPA QAP) for all analytical testing.
- Victorian Healthcare Experience Survey (VHES).

In addition to reports produced by these various bodies, Eastern Health also receives benchmarked reports from the Victorian Agency for Health Information (VAHI). Access to an interactive Portal has enabled timely benchmarking to be undertaken.

## Strong governance, leadership and culture

Eastern Health remains committed to cultivating strong, values driven leadership and fostering an organisational culture where belonging, pride, care and accountability thrive enabling us to achieve more, together.

In May 2025 Eastern Health launched Leadership Shadowing Program, designed to support leadership development and expand access to senior level experiences.

Through structured engagements, staff had the opportunity to observe senior leaders in action, gaining valuable insights into strategic thinking, decision making and leadership in practice.

The inaugural intake matched 23 staff members with 21 executive and senior leaders across all directorates. The pilot phase intentionally prioritised staff to participate as shadows who identify as culturally and/or linguistically diverse, reflecting the Eastern Health commitment to equity and representation in leadership development.

In addition to the shadowing program, a suite of leadership and team development initiatives continued to be delivered across Eastern Health. These included:

- **Effective Teams** supporting team based growth and collaboration
- **Values Based Recruitment** aligning hiring practices with the Eastern Health Values in Action
- **Supporting Positive Achieve Conversations** enhancing performance and development dialogues

- **ANUM Essentials targeting** development for Associate Nurse Unit Managers

Together, these programs are helping to uplift skills, strengthen team dynamics, and build a resilient, high performing workforce.

The focus for the People Matter Survey was to empower leaders to drive local action planning within their teams with the aim of improving the day-to-day experiences of employees in their workspaces.

In addition, at an organisational level the areas identified for continued focus were communication and collaboration across Eastern Health, psychological safety and empowering our staff for continuous improvement.

## HEALTH CARE IN ANY LANGUAGE

**Eastern Health employs an in-house team of interpreters certified by the National Accreditation Authority for Translators and Interpreters (NAATI).**

Our team are certified in commonly used languages within the communities we serve Mandarin, Cantonese and Greek. The team is supported by a bank of certified interpreters who offer their services on a casual basis.

A total of 35,885 interpreter services were provided in 2024-25, an increase of 8% from the previous year.

In 2024-25 the demand for language services has remained high. The on-site interpreter service continues to be supported by telephone interpreting and the Health Direct video platform to access interpreters, including Auslan interpreters. This provides opportunities for increasing the number of languages offered and the number of interpreters to which the service has access.

In 2024-25 a total of 14,023 occasions of service were delivered via video

and telephone calls, representing 36% of the total occasions of interpreter service.

Eastern Health routinely provides interpretation services in 14 languages with its in-house and casual team of interpreters, and with advances in video technology now has further opportunities to connect with NAATI-certified interpreters, including those in other states and potentially overseas, as these remote connections are not limited to providers who live and work in Melbourne.

The top three languages of demand continue to be Mandarin, Cantonese and Greek, followed by Vietnamese, Persian, Italian, Chin Hakha, Arabic, Korean, Burmese completing the top 10. In 2024-2025, Eastern Health provided language services in 85 languages, supported by its external agency providers.

Language Services is undertaking several initiatives, including the provision of iPads in the Emergency Departments at Maroondah and Box Hill hospitals.

This technology facilitates quick and easy access to interpreters, including Auslan interpreters, ensuring timely and effective communication for patients with language or hearing barriers. This initiative is part of our ongoing commitment to quality improvement, promoting equitable and patient-centered care.



**22,310**

patients with a primary language other than English



**90**

languages in which interpreter services were provided

## TIMELY ACCESS TO CARE

KEY PERFORMANCE MEASURE	TARGET	2024-25 RESULT	
<b>Planned surgery</b>			
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%	100%	
Percentage of all planned surgery patients admitted within the clinically recommended time	94%	85.19%	
Number of patients admitted from the planned surgery waiting list	18,200	18,413	
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	25% proportional improvement from prior year	20.10%	
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	1.34	1.58	
<b>Emergency Care</b>			
Percentage of patients transferred from ambulance to emergency department within 40 minutes	Angliss	4%	73.71%
	Box Hill	improvement on 2023-24 performance	48.62%
	Maroondah		48.04%
Number of emergency patients with a length of stay in the ED greater than 24 hours	Angliss	0%	22
	Box Hill		193
	Maroondah		120
Mean ED length of stay (admitted) in minutes	Angliss	7%	411.68
	Box Hill	improvement on 2023-24 performance	555.22
	Maroondah		542.92
Mean ED length of stay (non-admitted) in minutes	Angliss	3%	237.18
	Box Hill	improvement on 2023-24 performance	263.95
	Maroondah		275.51
Inpatient length of stay in minutes	Angliss	3%	3,948.24
	Box Hill	improvement on 2023-24 performance	4,638.37
	Maroondah		5,092.16
<b>Mental Health</b>			
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	Angliss	65%	22.93%
	Box Hill	65%	25.62%
	Maroondah	65%	17.50%
Percentage of departures from emergency departments to a mental health bed within 8 hours	Angliss	YTD	18.60%
	Box Hill	YTD	28.63%
	Maroondah	YTD	27.16%
Number of admitted mental health occupied bed days	YTD	38,511	
<b>Specialist Clinics</b>			
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	86.95%	
<b>Home Based Care</b>			
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	6.98%	

## EFFECTIVE FINANCIAL MANAGEMENT

The Minister sets out key targets as part of an annual Statement of Priorities. The key indicators are:

KEY PERFORMANCE MEASURE	TARGET	2024-25 RESULT
Operating Result	\$0.00m	(\$25.08m)
Adjusted current asset ratio (Variance between actual ACAR and target, including performance improvement over time or maintaining actual performance)	0.7 or 3% Improvement	0.28
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤\$250,000	Not achieved

## ACTIVITY AND FUNDING

FUNDING TYPE	ACTIVITY
<b>Consolidated Activity Funding</b>	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	175,339
Acute Admitted Mental Health NWAU	12,293
<b>Acute Admitted NWAU</b>	
Acute admitted DVA	433
Acute admitted TAC	364
<b>Subacute/Non-acute, Admitted and Non-admitted</b>	
Subacute admitted - DVA NWAU	124
Transition Care - Bed days	22,172
Transition Care - Home days	10,465
<b>Aged Care</b>	
Residential Aged Care	32,601
HACC	4,800
<b>Mental Health and Drug Services</b>	
Mental Health Ambulatory - Contact Hours	239,691
Mental Health Subacute - Occupied bed days	18,789
Mental Health Subacute - Occupancy	21,922
Drug Services	10,569
<b>Primary Health</b>	
Community Health/Primary Care Programs	30,023

## ENVIRONMENTAL PERFORMANCE

	2024-25	2023-24
<b>ELECTRICITY USE</b>		
<b>EL1 Total electricity consumption segmented by source (MWh)</b>		
Purchased	38,959.74	38,280.39
Self-generated	684.47	357.47
<b>EL1 Total electricity consumption (MWh)</b>	<b>39,644.21</b>	<b>38,637.86</b>
<b>EL2 On site-electricity generated (MWh) segmented by:</b>		
<b>Consumption behind-the-meter</b>		
Solar Electricity	684.47	357.47
<b>Total Consumption behind-the-meter (MWh)</b>	<b>684.47</b>	<b>357.47</b>
<b>Exports</b>		
<b>EL2 Total On site-electricity generated (MWh)</b>	<b>684.47</b>	<b>357.47</b>
<b>EL3 On-site installed generation capacity (kW converted to MW) segmented by:</b>		
Cogeneration Plant	1.15	1.15
Diesel Generator	17.14	17.14
Solar System	0.88	0.73
<b>EL3 Total On-site installed generation capacity (MW)</b>	<b>19.17</b>	<b>19.02</b>
<b>EL4 Total electricity offsets segmented by offset type (MWh)</b>		
RPP (Renewable Power Percentage in the grid)	7,208.54	7,188.41
<b>EL4 Total electricity offsets (MWh)</b>	<b>7,208.54</b>	<b>7,188.41</b>
<b>STATIONARY ENERGY</b>		
<b>F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)</b>		
Natural gas	122,615,164.30	109,111,251.50
Diesel	848,987.70	1,019,696.50
<b>F1 Total fuels used in buildings (MJ)</b>	<b>123,464,152.00</b>	<b>110,130,948.00</b>
<b>F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO<sup>2</sup>-e(t))</b>		
Natural gas	6,318.36	5,622.50
Diesel	59.60	71.58
<b>F2 Greenhouse gas emissions from stationary fuel consumption (CO<sup>2</sup>-e(t))</b>	<b>6,377.96</b>	<b>5,694.09</b>
<b>TRANSPORTATION ENERGY</b>		
<b>T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)</b>		
Non-emergency transport (Health service operated) - Gasoline	5,205,924.00	4,700,448.00
Non-executive fleet - Gasoline	930,527.40	2,812,033.80
<b>Petrol</b>	<b>6,136,451.40</b>	<b>7,512,481.80</b>
Non-emergency transport (Health service operated) - E10	9,339.80	4,305.60
Non-executive fleet - E10	1,096.30	3,318.90
<b>Petrol (E10)</b>	<b>10,436.10</b>	<b>7,624.50</b>
Non-emergency transport (Health service operated) - Diesel	745,366.00	1,024,058.00
Non-executive fleet - Diesel	148,150.70	447,709.90

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	2024-25	2023-24
<b>Diesel</b>	<b>893,516.70</b>	<b>1,471,767.90</b>
Electricity for Road Vehicles from Victorian Government Facilities	165,080.70	124,641.60
<b>Electricity (Transport Energy)</b>	<b>165,080.70</b>	<b>124,641.60</b>
<b>Total energy used in transportation (vehicle fleet) (MJ)</b>	<b>7,205,484.90</b>	<b>9,116,515.80</b>
Petrol	4,763,718	
Diesel	627,636	
E10	5,401,284	
<b>Total Energy Used</b>	<b>5,401,284</b>	
<b>Fleet Composition by Fuel Type:</b>		
Petrol (ULP, Unleaded, Premium ULP)	204 vehicles	
Diesel	12 vehicles	
Electric	37 vehicles	
Hybrid	52 vehicles	
<b>T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (tonnes CO<sup>2</sup>-e)</b>		
Non-emergency transport (Health service operated) - Gasoline	352.02	317.84
Non-executive fleet - Gasoline	62.92	190.15
<b>Petrol</b>	<b>414.95</b>	<b>507.99</b>
Non-emergency transport (Health service operated) - E10	0.57	0.26
Non-executive fleet - E10	0.07	0.20
<b>Petrol (E10)</b>	<b>0.64</b>	<b>0.46</b>
Non-emergency transport (Contracted) - Diesel	52.48	72.10
Non-executive fleet - Diesel	10.43	31.52
<b>Diesel</b>	<b>62.91</b>	<b>103.63</b>
Electricity for Road Vehicles from Victorian Government Facilities	30.18	22.84
<b>Electricity (Transport Energy)</b>	<b>30.18</b>	<b>22.84</b>
<b>Total Greenhouse gas emissions from transportation (vehicle fleet) (CO<sup>2</sup>-e(t))</b>	<b>508.68</b>	<b>634.93</b>
<b>T(opt1) Total vehicle travel associated with entity operations (1,000 km)</b>		
Total vehicle travel associated with entity operations (1,000 km)	1,559.60	1,770.12
<b>T(opt2) Greenhouse gas emissions from vehicle fleet (CO<sup>2</sup>-e(t) per 1,000 km)</b>		
CO <sup>2</sup> -e(t) per 1,000 km	0.33	0.36
<b>TOTAL ENERGY USE</b>		
<b>E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)</b>		
Total energy usage from stationary fuels (F1) (MJ)	123,464,152.00	110,130,948.00
Total energy usage from transport (T1) (MJ)	7,205,484.90	9,116,515.80
<b>Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)</b>	<b>130,669,636.90</b>	<b>119,247,463.80</b>
<b>E2 Total energy usage from electricity (MJ)</b>		
Total energy usage from electricity (MJ)	142,719,168.72	139,096,291.78

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	2024-25	2023-24
<b>E3 Total energy usage segmented by renewable and non-renewable sources (MJ)</b>		
Renewable	28,415,891.16	27,165,919.54
Non-renewable (E1 + E2 - E3 Renewable)	244,807,833.76	231,053,194.44
<b>E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser</b>		
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	10,800.26	7,033.56
Energy per unit of LOS (MJ/LOS)	546.70	521.79
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	520.36	485.76
Energy per unit of Separations (MJ/Separations)	1,600.88	1,574.45
Energy per unit of floor space (MJ/m <sup>2</sup> )	1,293.95	1,211.52
<b>WATER USE</b>		
<b>W1 Total units of metered water consumed by water source (kl)</b>		
Potable water (kl)	207,975.86	188,959.69
Reused water (kl)	149,887.45	123,673.88
<b>Total units of water consumed (kl)</b>	<b>357,863.31</b>	<b>312,633.57</b>
<b>W2 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)	14.52	8.82
Water per unit of LOS (kl/LOS)	0.73	0.65
Water per unit of bed-day (LOS+Aged Care OBD) (kl/OBD)	0.70	0.61
Water per unit of Separations (kl/Separations)	2.15	1.98
Water per unit of floor space (kl/m <sup>2</sup> )	1.74	1.52
<b>WASTE AND RECYCLING</b>		
<b>WR1 Total units of waste disposed of by waste stream and disposal method (kg)</b>		
<b>Landfill (total)</b>		
General waste - bins	297,090.60	229,985.60
General waste - compactors	1,882,734.00	1,831,970.00
General waste - skips	149,005.00	383,595.00
<b>Offsite treatment</b>		
Clinical waste - incinerated	25,499.57	27,203.35
Clinical waste - sharps	7,929.38	35,387.37
Clinical waste - treated	371,109.38	380,913.32
<b>Recycling/recovery (disposal)</b>		
Batteries	1,056.74	
Cardboard	97,797.22	191,223.71
Commingled	100,086.76	132,268.08
E-waste	2,659.03	
Fluorescent tubes	557.81	
Grease traps	62,952.44	
Metals	13,236.41	

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	2024-25	2023-24
Organics (food)	47,779.20	
Packaging plastics/films	4,942.08	
Paper (confidential)	76,510.97	116,727.30
Polystyrene foam	2,412.84	
PVC	3,090.11	3,744.00
Sterilization wraps	4,289.12	
Toner and print cartridges	211.02	
<b>Total units of waste disposed (kg)</b>	<b>3,150,949.69</b>	<b>3,333,017.74</b>
<b>WR1 Total units of waste disposed of by waste stream and disposal method (%)</b>		
<b>Landfill (total)</b>		
General waste	69.36%	73.37%
<b>Offsite treatment</b>		
Clinical waste - incinerated	0.76%	0.82%
Clinical waste - sharps	0.24%	1.06%
Clinical waste - treated	11.05%	11.43%
<b>Recycling/recovery (disposal)</b>		
Batteries	0.03%	
Cardboard	6.68%	5.74%
Commingled	6.84%	3.97%
E-waste	0.08%	
Fluorescent tubes	0.02%	
Grease traps	4.30%	
Metals	0.39%	
Organics (food)	1.42%	
Packaging plastics/films	0.15%	
Paper (confidential)	2.28%	3.50%
Polystyrene foam	0.07%	
PVC	0.09%	0.11%
Sterilization wraps	0.13%	
Toner and print cartridges	0.01%	
<b>WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method</b>		
Total waste to landfill per PPT ((kg general waste)/PPT)	2.80	2.97
Total waste to offsite treatment per PPT ((kg offsite treatment)/PPT)	0.49	0.54
Total waste recycled and reused per PPT ((kg recycled and reused)/PPT)	0.75	0.54
<b>WR4 Recycling rate (%)</b>		
Weight of recyclable and organic materials (kg)	417,581.76	443,963.09
Weight of total waste (kg)	3,150,949.69	3,333,017.74
<b>Recycling rate (%)</b>	<b>13.25%</b>	<b>13.32%</b>

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	2024-25	2023-24
<b>WR5 Greenhouse gas emissions associated with waste disposal (tonnes CO<sup>2</sup>-e)</b>		
CO <sup>2</sup> -e(t)	3,542.65	3,744.33
<b>GREENHOUSE GAS EMISSIONS</b>		
<b>G1 Total scope one (direct) greenhouse gas emissions (tonnes CO<sup>2</sup>e)</b>		
Carbon Dioxide	6,838.45	6,289.28
Methane	12.48	11.18
Nitrous Oxide	5.53	5.72
<b>Total</b>	<b>6,856.45</b>	<b>6,306.17</b>
<b>Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO<sup>2</sup>-e(t))</b>	<b>6,377.96</b>	<b>5,694.09</b>
<b>Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO<sup>2</sup>-e(t))</b>	<b>478.50</b>	<b>612.09</b>
<b>Total scope one (direct) greenhouse gas emissions (CO<sup>2</sup>-e(t))</b>	<b>6,856.45</b>	<b>6,306.17</b>
<b>G2 Total scope two (indirect electricity) greenhouse gas emissions (CO<sup>2</sup>-e(t))</b>		
Electricity	25,677.58	25,443.21
<b>Total scope two (indirect electricity) greenhouse gas emissions (CO<sup>2</sup>-e(t))</b>	<b>25,677.58</b>	<b>25,443.21</b>
<b>G3 Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO<sup>2</sup>-e(t))</b>		
Waste emissions (WR5)	3,542.65	3,744.33
Indirect emissions from Stationary Energy	3,916.64	3,628.81
Indirect emissions from Transport Energy	125.16	157.61
Paper emissions	120.16	119.56
Any other Scope 3 emissions	342.09	317.81
<b>Total scope three greenhouse gas emissions (CO<sup>2</sup>-e(t))</b>	<b>8,046.70</b>	<b>7,968.11</b>
<b>G(Opt) Net greenhouse gas emissions (CO<sup>2</sup>-e(t))</b>		
<b>Gross greenhouse gas emissions (G1 + G2 + G3) (CO<sup>2</sup>-e(t))</b>	<b>40,580.73</b>	<b>39,717.49</b>
<b>Any Reduction Measures Offsets purchased (EL4-related)</b>		
<b>Any Offsets purchased</b>		
<b>Net greenhouse gas emissions (CO<sup>2</sup>e(t))</b>	<b>40,580.73</b>	<b>39,717.49</b>
<b>NORMALISATION FACTORS</b>		
1000km (Non-emergency)	1,559.60	1,770.12
Aged Care OBD	24,646.00	35,434.00
ED Departures	155,131.00	152,998.00
LOS	486,892.00	477,636.00
OBD	511,538.00	513,070.00
PPT	832,942.00	824,363.00
Separations	166,273.00	158,295.00
TotalAreaM <sup>2</sup>	205,714.00	205,714.00

## Details of consultancies

### Details of the individual consultancies (valued at \$10,000 or greater)

In 2024-25 there were 3 consultancies where the total fees payable to the consultant were greater than \$10,000 with the total expenditure of \$63,658.00.

### Details of the individual consultancies (under \$10,000 or less)

In 2024-25, Eastern Health engaged 3 consultancy where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$6,500 (excl. GST).

Details of the individual consultancies are published on the Eastern Health website, [www.easternhealth.org.au](http://www.easternhealth.org.au).

## Information and Communication Technology (ICT) Expenditure

Total Information and Communication Technology (ICT) expenditure incurred during 2024-25 is \$65 million (excluding GST), as per to the right:

BAU	NON-BAU		
Expenditure	Total expenditure	Operational expenditure	Capital expenditure
\$42.8m	\$22.2m	\$11.3m	\$10.9m

*BAU – Business as usual*

# Disclosures required under legislation

## Freedom of Information Act 1982

Eastern Health complies with the *Victorian Freedom of Information Act 1982* which allows individuals to apply for access to government documents that are not available for public inspection.

Applications must be in writing to the Eastern Health FOI Service. Applicants can use the application form (available on the Eastern Health website or from Health Information Services at each site) or simply write a letter or email.

Applicants can ask for a copy of the record, or to view the record. Requests must clearly identify which documents the applicant wants to access.

Applications must be sent with the current application fee (see link to website for current charges) and proof of the applicant's identity (e.g. copy of driver's licence).

### Applications can be forwarded to:

Eastern Health Freedom of Information Service  
Health Information Services

Maroondah Hospital  
PO Box 135  
Ringwood East VIC 3135

P: (03) 9871 3170  
F: (03) 9871 1653  
E: [foi@easternhealth.org.au](mailto:foi@easternhealth.org.au)

Eastern Health must give applicants access to the records they request, unless they fall within one of the "exemption" categories in the FOI Act.

If Eastern Health denies access to any documents, it will explain its reasons, and advise the applicant how to request a review of that decision.

## Freedom of Information statistics and timeliness

During 2024-2025, Eastern Health received 1803 requests under the *Freedom of Information Act 1982*. This total comprised of 1323 personal requests, mostly from patients or their representatives seeking access to their medical records and 480 non-personal requests which included requests for patient medical records from insurance companies, WorkCover and TAC.

There were 1722 decisions made within the statutory time periods. Of the decisions made outside time, 103 were made within a further 45 days and 17 decisions were made in greater than 45 days. Of requests finalised, the average number of days over/under the statutory time (including extended timeframes) to decide the request was 26 days.

Full access to documents was provided in 427 requests. Partial access was granted for 1085 requests, while eight requests were denied in full.

The most common reason for Eastern Health seeking to fully or partially exempt requested documents was the protection of personal privacy in relation to requests for information about persons other than the applicant.

There were 161 requests either withdrawn by the applicant, processed outside the Act or no documents could be located or in existence and 122 requests not yet finalised. Most applications were received from patients, their legal or other representative, or surviving next of kin and most were for access to medical records.

During 2024-2025, 16 requests were subject to a complaint/ review by the Office of the Victorian Information Commissioner.

For information about how to make an FOI request and any costs associated with the request, visit [www.easternhealth.org.au/about-us/access-to-patient-records/freedom-of-information/](http://www.easternhealth.org.au/about-us/access-to-patient-records/freedom-of-information/)

FREEDOM OF INFORMATION REQUESTS	2020-21	2021-22	2022-23	2023-24	2024-25
Number of requests	1,504	1,551	1,753	1,667	1,803
Access provided in full	628	584	623	443	427
Access provided in part	654	747	825	898	1,085
No documents	53	57	70	77	90
Access denied	10	9	9	12	8
Request withdrawn by applicant	16	15	23	15	11
Transferred to another agency	1	0	0	1	0
Requests not completed	135	137	170	175	122
Requests processed outside the Act	8	2	33	47	60
Complaints lodged with OVIC	Nil	3	10	1	2
Referred to OVIC for review	5	4	8	10	15
Decisions referred to VCAT	2	0	0	0	1

OVIC – Office of the Victorian Information Commissioner

VCAT – Victorian Civil and Administrative Tribunal

## Building Act 1993

Eastern Health complies with the building and maintenance provisions of the *Building Act 1993* and Department of Health Fire Risk Management Guidelines, with all works completed in 2024-25 in accordance with the relevant provisions of the National Construction Code.

Eastern Health ensures works are inspected by independent registered building surveyors. All building practitioners are required to show evidence of current registration and must maintain their registration status throughout the course of their work with us.

## Public Interest Disclosures Act 2012

Eastern Health complies with the *Public Interest Disclosures Act 2012* (Vic), which forms part of Victoria's anti-corruption laws. Neither "improper conduct" nor "reprisal against a person for a public interest disclosure" is acceptable to us.

Eastern Health supports the making of disclosures about such conduct to the Independent Broad-based Anti-Corruption Commission (IBAC).

Any requests for information about our procedures for the protection of persons from unlawful reprisal for public interest disclosures should be directed to the Executive Director People and Culture at Eastern Health.

Public interest disclosures are distinguished from complaints or grievances that would be dealt with under Eastern Health's usual complaint or grievance processes, such as a patient's healthcare complaint or an employee's industrial grievance.

There were no public interest disclosures related to Eastern Health made to IBAC in 2024-25.

For more information, visit [www.ibac.vic.gov.au](http://www.ibac.vic.gov.au)

## Statement on National Competition Policy

Eastern Health is committed to ensuring that services demonstrate both quality and efficiency.

Competitive neutrality, which supports the Commonwealth Government's National Competition Policy, helps to ensure net competitive advantages that accrue to a government business are offset.

Eastern Health understands the requirements of competitive neutrality and acts accordingly.

It complies with the Competitive Neutrality Policy Victoria and any subsequent reforms that relate to responsible expenditure and infrastructure projects, and the creation of effective partnerships between private enterprise and the public sector.

## Carers Recognition Act 2012

The *Carers Recognition Act 2012* (Vic) promotes and values the role of people in carer relationships and recognises the contribution that carers and people in carer relationships make to the social and economic fabric of the Victorian community.

Eastern Health has taken all practical measures to comply with its obligations under the Act. These include:

- Promoting the principles of the Act to people in care relationships who receive our services and to the wider community through providing links to the Victorian charter supporting people in care relationships (Carers Charter) and the Statement for Australia's Carers on the Eastern Health website.
- Ensuring staff have an awareness and understanding of the care relationship principles set out in the Act through articulating how the role of the carer is recognised, promoted and valued in the Eastern Health Partnering with our Patients, Families and Carers Standard and training resources.

- Celebrating and promoting National Carers Week to raise community awareness among the Eastern Health Community about the diversity of carers and their caring roles.
- Considering the care relationships principles set out in the Act when setting policies and providing services (e.g. reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act).

## Social Procurement Framework

Social Procurement is a Victorian Government program to leverage government procurement expenditure to drive social, economic and environmental outcomes while maintaining a value for money philosophy.

Eastern Health has Social Procurement objectives to:

- Provide opportunities for Victorian Aboriginal people by purchasing from Victorian Aboriginal businesses and generate employment for Victorian Aboriginal people through suppliers to Eastern Health.
- Provide opportunities for Victorians with a disability.
- Provide opportunities for Victorians priority jobseekers.
- Promote sustainable business practices through the adoption of sustainable business practices by Eastern Health's suppliers.

Eastern Health spent approximately \$79,500 over 2024-25 period with social benefit suppliers.

Eastern Health continues to incorporate Social Procurement objectives in its high value procurement programs, in line with the Victorian Government's Social Procurement Framework, that encourage the employment of Indigenous staff and the use of Indigenous businesses as suppliers.

## Local Jobs First Act 2003

Eastern Health complies with the *Local Jobs Act 2003* (the Act, formerly the Victorian Industry Participation Policy Act 2003) which is Australia's longest-standing industry participation legislation and is focused on promoting employment growth by expanding market opportunities for local industry and providing for industry development.

Administered by the Department of Jobs, Precincts and Regions (DJPR), this supports Victorian businesses and workers by ensuring that small and medium size enterprises (SMEs) are given a full and fair opportunity to compete for both large and small government contracts, helping to create job opportunities, including for apprentices, trainees and cadets.

The following information for contracts commenced and/or completed in the financial year must be disclosed under the *Local Jobs First Act 2003* (Refer to FRD 25 *Local Jobs Disclosures in the Report of Operation effective 1 April 2022*):

The number and total value of both Local Jobs First Strategic and Local Jobs First Standard Projects commenced and/or completed in the reporting period to which a VIPP Plan (only from 1 July 2018 to 15 August 2018) or Local Industry Development Plan (LIDP) was required.

Nil to report

**The number of projects and percentage of 'local content' committed under projects that commenced and/or completed in the reporting period to which LIDP was required;**

(i) metropolitan:

**Two projects commenced in 2024-25:**

1. Eastern Health, Community Mental Health Facility, Ringwood EH24-0507T awarded to Alchemy Construct Pty Ltd, 90.81% local content commitment, commenced 9.10.2024.
2. Provision of Haemodialysis Equipment to Eastern Health EH24-0201T awarded to Fresenius Medical Care Australia Pty Ltd 71.5% local content commitment, commenced 1.2.2025.

**One project completed in 2024-25:**

1. Blackburn Hospital Public Surgical Centre Project, EH23-0916T awarded.

**For projects commenced, a statement of total LIDP commitments (local content, employment and engagement of apprentices, trainees and cadets) committed as a result of these projects;**

**Two projects commenced in 2024-25:**

1. Alchemy Construct, Total Employment Commitment for project: 27.19 Annualised Employee Equivalent (AEE) Consisting of:

EMPLOYMENT TYPE	CREATED	RETAINED
Vic Apprentices	0.5385	0.8077
Vic Trainees	1.6154	0.8077
Vic Cadets	2.69	20.73
Vic Standard Employees	4.84	22.34
<b>TOTAL</b>	<b>0.63</b>	<b>24.36</b>

2. Fresenius Medical, Total Employment Commitment for project: 23.98 Annualised Employee Equivalent (AEE). Consisting of 9.76 Retained AEE and 14.21 Created.

**Total committed as a result of these projects: 51.17 AAE.**

For projects completed, a statement of total VIPP Plan or LIDP outcomes (local content, employment and engagement of apprentices/trainees) achieved as a result of these contracts; and

Two projects completed in 2024-25 for Metropolitan:

1. Eastern Health, Community Mental Health Facility, Ringwood EH24-0507T awarded to Alchemy Construct Pty Ltd completed 26.2.2025, local content commitment achieved 93% outcome.

EMPLOYMENT TYPE	CREATED	RETAINED
Vic Apprentices	0.63	2
Vic Trainees		.06
Vic Cadets	0	0
Vic Standard Employees	0	21.76
<b>TOTAL</b>	<b>0.63</b>	<b>24.36</b>

2. Blackburn Hospital Public Surgical Centre Project, EH23-0916T awarded to Plan Group Pty Ltd completed 27.5.2025, 95.25% local content commitment – outcome data to be confirmed.

EMPLOYMENT TYPE	CREATED	RETAINED
Vic Apprentices	1.94	4.21
Vic Trainees	1.94	2.10
Vic Cadets	0.97	0.97
Vic Standard Employees	2.10	19.43
<b>TOTAL</b>	<b>6.96</b>	<b>26.72</b>

The total number, across all projects commenced or completed by the department, of small and medium sized businesses engaged as either the principle contractor or as part of the supply chain.

1. Eastern Health, Community Mental Health Facility, Ringwood EH24-0507T awarded to Alchemy Construct Pty Ltd, 49 SME, principle contractor (1)
2. Provision of Haemodialysis Equipment to Eastern Health EH24-0201T awarded to Fresenius Medical Care Australia Pty Ltd, 1 SME, principle contractor (1)
3. Blackburn Hospital Public Surgical Centre Project, EH23-0916T awarded to Plan Group Pty Ltd completed May 2025, 140 SME, principle contractor (1)

**Total Principal Contractors 3, SME 190.**

For completed projects, the number of post contract reviews due to be submitted, the number of post contract reviews that were submitted.

Post contract reviews due:

1. Blackburn Hospital Public Surgical Centre Project, EH23-0916T awarded to Plan Group Pty Ltd completed May 2025
2. Eastern Health, Community Mental Health Facility, Ringwood EH24-0507T awarded to Alchemy Construct Pty Ltd

# Attestations and Declarations

## Financial Management Compliance Attestation

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



**Mr Tass Mousaferiadis**

Eastern Health Board

20 August 2025

## Data Integrity Declaration

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



**Mr Tass Mousaferiadis**

Eastern Health Board

20 August 2025

## Compliance with Healthshare Victoria (HSV) Purchasing Policies

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



**Adjunct Professor David Plunkett**

Eastern Health Chief Executive

20 August 2025

## Integrity, Fraud and Corruption Declaration

I, David Plunkett, certify that Eastern Health has put in place appropriate internal controls and processes to ensure that integrity, fraud and corruption risks have been reviewed and addressed at Eastern Health during the year.



**Adjunct Professor David Plunkett**

Eastern Health Chief Executive

20 August 2025

## Conflict of Interest Declaration

I, David Plunkett, certify that Eastern Health has put in place appropriate internal controls and processes to ensure that it has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC.

Declaration of private interest forms have been completed by all executive staff within Eastern Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.



**Adjunct Professor David Plunkett**

Eastern Health Chief Executive

20 August 2025

## Gender Equality Act

Eastern Health continues to take meaningful steps to foster a safe, respectful and inclusive workplace as part of our ongoing commitment to gender equality, aligned with our *Gender Equality Action Plan* (GEAP).

Recognising the need for an independent and confidential mechanism for reporting sexual harassment and bullying, we introduced the *Integrity Line*, an external service that enables direct reporting to the Executive Director People and Culture. This initiative reinforces our commitment to safe and respectful workplaces.

In line with this, we updated our Sexual Harassment Guidelines to reflect the principles and expectations outlined in the *Respect@Work* legislation.

To strengthen our understanding of workforce diversity, we launched the "Tell us a bit about you" campaign, inviting employees to update their demographic information within our HR System, SuccessFactors. This information will support us to build a richer, more accurate picture of our workforce and inform future inclusion actions.

Demonstrating our continued commitment to our promise of being Healthier Together, Eastern Health has developed a *Diversity, Equity and Inclusion (DEI) Framework and Action Plan*, aligned with our organisational strategy. This framework provides a clear roadmap for meaningful change.

## Safe Patient Care Act 2015

Workforce management systems and processes ensure Eastern Health maintains compliance with the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*.

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

## Car Parking Fees

Eastern Health complies with the Department of Health *Hospital Circular* on car parking fees and details of car parking fees and concession benefits can be viewed at [www.easternhealth.org.au](http://www.easternhealth.org.au)

## 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) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- (b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- (c) details of publications produced by the entity about itself, and how these can be obtained;
- (d) details of changes in prices, fees, charges, rates, and levies charged by the entity;
- (e) details of any major external reviews carried out on the entity;
- (f) details of major research and development activities undertaken by the entity;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

- (h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- (k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
- (l) details of all consultancies and contractors including:
  - (i) consultants/contractors engaged;
  - (ii) services provided; and
  - (iii) expenditure committed to for each engagement.

### This information is available on request from:

Eastern Health FOI Service Health Information Services

Maroondah Hospital  
PO Box 135  
Ringwood East VIC 3135

E: [foi@easternhealth.org.au](mailto:foi@easternhealth.org.au)

F: (03) 9871 1653



# EASTERN HEALTH FOUNDATION

The Eastern Health Foundation, with the support of our generous community, drives innovation and excellence across our health services. This year, raising \$5,244,838, we celebrate the remarkable impact of the Stars of Hope Christmas Appeal, the introduction of CareXperience Tanks, and the lasting legacy of gifts left in Wills. Valued community supporters continue to inspire us with their commitment.

While Eastern Health navigated a challenging financial year, philanthropic support remained critical in advancing compassionate care and groundbreaking projects to ensure the best public healthcare for Melbourne's east.

## Stars of Hope appeal inspires all

The response to our very first Stars of Hope Christmas Appeal was nothing short of inspiring.

Through Stars of Hope, Eastern Health's supporters raised more than \$100,000.

Unlike other funding, which is often tied to specific projects, these donations provide flexible funding, meaning Eastern Health can direct support where it's needed most.

From purchasing life-saving equipment to investing in vital research and supporting frontline healthcare teams, this kind of support is critical in ensuring the best possible care for patients and families.

**"This shows just how powerful our community is when we come together for a common cause. These donations allow us to respond to urgent needs and make the biggest possible impact for those in our care."**

**- Veronica Lyons  
Director, Eastern Health Foundation**

One staff member shared their excitement after seeing the Stars of Hope messages, saying, "It's such a wonderful experience to come to work and be able to take a moment to read the messages of hope and compassion from our supporters."

*It's incredibly humbling to know that there's people who care so much in our community."*

Funds raised in this financial year (FY2425) will go towards expanding the Pet Dog Therapy Program across various sites and services.

The Stars of Hope Christmas Appeal will be back again in 2025 to raise funds for another key area designed to enhance patient care across Melbourne's east.



## Giving has always been part of our lives

Peter and Kathryn Alsop have supported Eastern Health hospitals since 1988, and their connection to Eastern Health runs deep.

Peter was born at Box Hill, as were both the couple's sons. Over the years, their loved ones have been cared for across our hospital network: most recently Peter's father, who sadly passed away at Eastern Health Box Hill, surrounded by family, while being treated with dignity and compassion.

The families' gratitude has inspired decades of faithful support, including a thoughtful gift in their Will. The couple, who celebrate their 40th wedding anniversary later this year, have a strong sense of community and support multiple causes close to their heart.

*"Giving has always been part of our lives: something modelled by our families and church communities. It's just what we do,"* Peter explains.

In 2013, Peter and Kathryn made the generous decision to include Eastern Health in their estate plans.

**"We've set aside about 20% of our estate to be shared among the organisations we've supported over the years. It's our way of continuing to make a difference, even when we're gone."**

**- Peter**

For Peter, a legacy gift makes sense.

*"Leaving a bequest allows hospitals like Eastern Health to take the next leap. Regular giving helps keep things running, but a legacy gift can help spark real progress."*



For more details,  
phone the Foundation on  
**03 9895 4608**  
for an obligation-free  
chat

Kathryn adds that attending recent donor events, such as the Iris Allingham Society morning tea, and hearing directly from clinicians has deepened their trust. *"There's so much happening behind the scenes – research, innovation, care – and hearing from the people involved is really inspiring."*

Peter's advice to others considering a gift in their Will?

*"You might be able to give more than you think. And every bit helps. The sum of many makes up quite a lot."*

A gift of any amount in your Will – or a small percentage of your estate – is a wonderful way to ensure that your memory is honoured and you continue to have an impact on your local community.

In this financial year, gifts in Wills have had a transformative impact at Eastern Health. Thanks to the generosity of supporters like Peter and Kathryn, we invested in vital medical equipment, pioneering research, and enhancing patient care and services.

Notably, gifts in Wills funded the Eastern Health Staff Scholarships Program, which helped 46 staff members pursue further education

and skills development this year, strengthening our ability to provide high-quality care.

A major initiative also made possible through a bequest received in this financial year, is the Advancing Cancer services through Digital Chemotherapy (AC/DC) project.

This project, which is implementing the EMR Oncology modules across all Eastern Health sites delivering Cancer Services, will provide electronic cancer medication prescription and management for safer and more timely care. The AC/DC project will represent a significant advancement in how cancer care is delivered, supporting clinicians and improving the patient experience.

These lasting contributions ensure Eastern Health remains a leader in compassionate, innovative care – benefiting patients and families now and into the future.

When you advise us of your kind intentions to remember Eastern Health in your Will, you will be invited to become a member of the esteemed Iris Allingham Society which hosts special events including an annual morning tea.



Notably, gifts in Wills funded the Eastern Health Staff Scholarships Program, which helped

**46 staff members**

pursue further education and skills development this year, strengthening our ability to provide high-quality care.



## Helping staff drive innovation in patient care

Soothing music to reduce anxiety for patients undergoing medical imaging procedures like PET and CT scans. A makeover for the outdoor space at the Box Hill Hospital Intensive Care Unit. Thoughtful gift bags and support for patients facing combined mental and dental treatment. An in-hospital menu designed by patients, for patients.

These are just four of the innovative projects 'pitched' by Eastern Health staff members and funded by our amazing donors!

And 'pitched' they were: in a format like that of the TV series Shark Tank, where budding entrepreneurs make business presentations to a panel of potential investors. In place of the budding entrepreneurs were staff members from across our hospital network and its many departments and units.

Our Centre for Patient Experience team put out a challenge to staff to nominate innovative ideas to enhance patient experience. Grants of up to \$2,000 would be awarded to the winning projects: funded by those who had donated to Eastern Health's Foundation.

Two dozen projects were shortlisted, and staff members pitched their ideas to the judging panel at special "CareXperience Tanks" held across Box Hill, Maroondah and online.

The quality of the projects presented was outstanding, with 24 projects receiving funding.

Thanks to our community's generosity, these staff-led initiatives are currently being implemented across Eastern Health. Enhancing patient care is just one of the ways the Foundation's invests the kind donations we receive.

**Our hospital staff – and our patients – are so very grateful for this support!**

**"We were so inspired by the passion our staff members brought to their presentations. The projects represented an incredible cross section of initiatives to improve care, comfort, dignity and wellbeing for patients."**

**- Priscilla Stephenson  
Patient Experience Manager  
Eastern Health**

## THANK YOU TO OUR PHILANTHROPIC SUPPORTERS

We sincerely thank the individuals, groups, clubs, and organisations whose generosity and compassion have greatly improved patient care in our community. Your support makes a meaningful difference, and we are especially grateful to:

### Individual donors

- Mary Clarke and Deon Pearce
- Brett and Kat Coopersmith
- Mavourneen Cowen
- Philip Crohn
- John Curran
- Henk De Jong
- The Dicker Family
- Joan Valerie Foong
- Yvonne Gray
- The Hayward Family
- Ursula Klink
- Hong Ming Lee
- Ma and Quach Family
- Brian Naismith
- The Sammons Family
- Rosemary Varty OAM
- Geoff and Elizabeth White
- John, Chris and Peter Williams
- Willow Wilson

### Trusts and Foundations

- Collier Charitable Fund
- Helen and David Hains Foundation
- The Humpty Dumpty Foundation
- Kel and Rosie Day Foundation
- Robert C Bulley OAM Charitable Fund
- Running for Premature Babies
- William Angliss (Vic) Charitable Fund

### Corporates and community groups

- Androgogic
- Angliss Op Shop Committee
- Australian Asian Business Women's Association
- BankVic
- Box Hill RSL and Box Hill RSL Women's Auxiliary

- Community Bank Doncaster East and Templestowe Village Bank
- Eastland Shopping Centre
- Emma-Rose Parsons
- Glyde Metal Industries Pty Ltd
- HESTA
- Inner East Community Finance Ltd
- Plan Group
- Ringwood Mazda
- Rotary Club of Box Hill Burwood
- Rotary Club of Maroondah
- Shades of Pink
- She Won't be Right Mate
- Teo Chew Chinese Association of Victoria

### Gifts in Wills

- The Allan Elkington Memorial Trust Fund
- Pam and Alfred Lavey Trust
- Iris Allingham Trust
- The Erica Cromwell Trust

- State Trustees Australia Foundation
- George Leonard Pile Charitable Trust
- The Estate of Geoffrey John Bidwell
- The Estate of Joan Ada Ward
- The Estate of Michael Boyd Turner
- The Estate of Oliver Maurice Blumberg
- The Estate of Valerie White
- The Estate of Daphne Elsie Blanche Clarke
- Perpetual Trustees Australia - The Grant Bequest
- The Estate of James Dunne (via Mary Sheehan)
- The Estate of John England
- The Estate of Ruth Mary Hayman (via Meagan de Voil)

# Disclosure Index

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

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# Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's Declaration

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The attached financial statements for Eastern Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Assistant Treasurer 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 Eastern Health 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 this day.

## Board Member



**Mr Tass Mousaferiadis**  
Chair (On behalf of the Board)  
Box Hill  
20 August 2025

## Accountable Officer



**Adjunct Professor David Plunkett**  
Chief Executive  
Box Hill  
20 August 2025

## Chief Finance and Accounting Officer



**Mr Rama Devarajan**  
Chief Finance Officer  
Box Hill  
20 August 2025

## Independent Auditor's Report

### To the Board of Eastern Health

**Opinion** I have audited the financial report of Eastern Health (the health service) which comprises the:

- balance sheet as at 30 June 2025
- comprehensive operating statement for the year then ended
- statement of changes in equity for the year then ended
- cash flow statement for the year then ended
- notes to the financial statements, including material accounting policies
- board member's, accountable officer's and chief finance & accounting officer's declaration.

In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 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 *Financial Management Act 1994* and applicable Australian Accounting Standards.

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

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

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

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

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

**Auditor's responsibilities for the audit of the financial report**

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

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

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

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

MELBOURNE  
26 August 2025



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

# EASTERN HEALTH COMPREHENSIVE OPERATING STATEMENT

For the Financial Year Ended 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
<b>Revenue and income from Transactions</b>			
Operating Activities	2.1	1,303,173	860,273
Non-Operating Activities	2.1	414,841	702,426
<b>Total Revenue and income from Transactions</b>		<b>1,718,014</b>	<b>1,562,699</b>
<b>Expenses from Transactions</b>			
Employee Expenses	3.1	(1,268,361)	(1,185,716)
Finance Costs	6.1	(3,413)	(2,002)
Depreciation and Amortisation	4.3	(107,619)	(89,320)
Other Operating Expenses	3.1	(392,410)	(389,580)
<b>Total Expenses from Transactions</b>		<b>(1,771,803)</b>	<b>(1,666,618)</b>
<b>NET RESULT FROM TRANSACTIONS - NET OPERATING BALANCE</b>		<b>(53,789)</b>	<b>(103,919)</b>
<b>Other Economic Flows included in Net Result</b>			
Net Gain/(Loss) on Sale of Non-Financial Assets		106	122
Net Gain/(Loss) on Financial Instruments at Fair Value		(1,780)	(1,870)
Other Gain/(Loss) from Other Economic Flows		610	5,624
<b>Total Other Economic Flows included in Net Result</b>		<b>(1,064)</b>	<b>3,876</b>
<b>NET RESULT</b>		<b>(54,853)</b>	<b>(100,043)</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		-	380,112
<b>Total Other Comprehensive Income</b>		<b>-</b>	<b>380,112</b>
<b>COMPREHENSIVE RESULT</b>		<b>(54,853)</b>	<b>280,069</b>

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

# EASTERN HEALTH BALANCE SHEET

As at 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
<b>Financial Assets</b>			
Cash and Cash Equivalents	6.2	95,129	134,697
Receivables	5.1	126,574	106,607
Contract Assets	5.2	6,609	5,479
<b>Total Financial Assets</b>		<b>228,312</b>	<b>246,783</b>
<b>Non-Financial Assets</b>			
Prepayments		8,883	7,102
Inventories	5.3	7,623	8,842
Property, Plant and Equipment	4.1	1,709,449	1,711,805
Intangible Assets	4.2	15,863	18,067
<b>Total Non-Financial Assets</b>		<b>1,816,743</b>	<b>1,454,849</b>
<b>TOTAL ASSETS</b>		<b>1,970,130</b>	<b>1,992,599</b>
<b>Liabilities</b>			
Payables	5.4	175,547	180,814
Contract Liabilities	5.5	9,607	13,457
Borrowings	6.1	69,203	50,556
Employee Benefits	3.1(b)	348,119	324,661
Other Liabilities	5.6	23,725	21,663
Other provisions	5.7	4,274	4,533
<b>Total Liabilities</b>		<b>630,475</b>	<b>595,684</b>
<b>NET ASSETS</b>		<b>1,339,655</b>	<b>1,396,915</b>
<b>Equity</b>			
Property, Plant and Equipment Revaluation Reserve	SCE	1,232,931	1,232,931
Restricted Specific Purpose Reserve	SCE	42,940	39,541
Contributed Capital	SCE	249,083	251,491
Accumulated Surplus/(Deficit)	SCE	(185,300)	(127,048)
<b>TOTAL EQUITY</b>		<b>1,339,654</b>	<b>1,396,915</b>

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

# EASTERN HEALTH

## CASH FLOW STATEMENT

For the Financial Year Ended 30 June 2025

	NOTE	2025 \$'000	2024 \$'000
<b>Cash Flows from Operating Activities</b>			
Operating Grants From State Government		1,377,550	1,295,224
Operating Grants From Commonwealth Government		80,236	57,922
Capital Grants From State Government		43,322	44,614
Commercial activities, patient and hospital fees received		95,642	95,511
GST Received From ATO		41,198	37,461
Interest Received		10,227	8,881
Other Receipts		45,637	47,998
<b>Total Receipts</b>		<b>1,693,812</b>	<b>1,587,611</b>
Payments to Employees		(1,214,481)	(1,137,621)
Payments For Supplies and Consumables		(269,005)	(267,712)
Finance Costs		(3,328)	(2,003)
Other Payments		(190,264)	(179,377)
<b>Total Payments</b>		<b>(1,677,078)</b>	<b>(1,586,713)</b>
<b>NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES</b>	8.1	<b>16,734</b>	<b>898</b>
<b>Cash Flows from Investing Activities</b>			
Proceeds from Sale of Non-Financial Assets		119	384
Purchase of non-financial assets		(45,365)	(33,667)
<b>NET CASH FLOWS FROM/(USED IN) INVESTING ACTIVITIES</b>		<b>(45,246)</b>	<b>(33,283)</b>
<b>Cash Flows from Financing Activities</b>			
Repayment of Borrowings		(13,170)	(14,561)
Repayment of Accommodation Deposits		(4,334)	(3,751)
Receipt of Accommodation Deposits		6,448	4,411
<b>NET CASH FLOWS/(USED IN) FINANCING ACTIVITIES</b>		<b>(11,056)</b>	<b>(13,901)</b>
<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD</b>		<b>(39,568)</b>	<b>(46,286)</b>
Cash and cash equivalents at beginning of year		134,697	180,983
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	6.2	<b>95,129</b>	<b>134,697</b>

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

# EASTERN HEALTH

## STATEMENT OF CHANGES IN EQUITY

For the Financial Year Ended 30 June 2024

	PROPERTY, PLANT AND EQUIPMENT REVALUATION RESERVE \$'000	RESTRICTED SPECIFIC PURPOSE RESERVE \$'000	CONTRIBUTED CAPITAL \$'000	ACCUMULATED SURPLUS/ (DEFICIT) \$'000	TOTAL \$'000
<b>Balance at 1 July 2023</b>	<b>852,819</b>	<b>37,937</b>	<b>249,890</b>	<b>(25,401)</b>	<b>1,115,245</b>
Net Result for the Year	-	-	-	(100,043)	(100,043)
Other Comprehensive Income for the Year	380,112	-	-	-	380,112
Transfer from/(to) Accumulated Surpluses/ (Deficit)	-	1,604	-	(1,604)	-
Capital Contribution	-	-	1,601	-	1,601
<b>Balance at 30 June 2024</b>	<b>1,232,931</b>	<b>39,541</b>	<b>251,491</b>	<b>(127,048)</b>	<b>1,396,915</b>
Net Result for the Year	-	-	-	(54,853)	(54,853)
Other Comprehensive Income for the Year	-	-	-	-	-
Transfer from/(to) Accumulated Surpluses/ (Deficit)	-	3,399	-	(3,399)	-
Capital Contribution	-	-	(2,408)	-	(2,408)
<b>Balance at 30 June 2025</b>	<b>1,232,931</b>	<b>42,940</b>	<b>249,083</b>	<b>(185,300)</b>	<b>1,339,654</b>

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

# Note 1: About this report

## Structure

- 1.1: Basis of preparation
- 1.2: Material accounting estimates and judgements
- 1.3: Accounting standards issued but not yet effective
- 1.4: Reporting entity
- 1.5: Economic dependency

**These financial statements represent the financial statements for Eastern Health for the year ended 30 June 2025.**

This section explains the basis of preparing the financial statements.

## Note 1.1: Basis of preparation of the financial statements

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

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

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

Consistent with the requirements of AASB 1004 Contributions, contributions

by owners (that is, contributed capital and its repayment) are treated as equity transactions and, therefore, do not form part of the income and expenses of Eastern Health.

The financial statements have been prepared on a going concern basis (*refer to Note 1.5 Economic Dependency*).

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of Eastern Health on 20 August 2025.

## Note 1.2: Material accounting estimates and judgements

Management makes estimates and judgements when preparing the financial statements.

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

Revisions to material 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 identified at the beginning of each section where applicable and relate to the following disclosures:

- **Note 2.1:**  
Revenue and income from transactions
- **Note 3.1:**  
Expenses incurred in the delivery of services
- **Note 4.1:**  
Property, plant and equipment
- **Note 4.2:**  
Intangible assets
- **Note 4.3:**  
Depreciation and amortisation
- **Note 5.1:**  
Receivables
- **Note 5.2:**  
Contract assets
- **Note 5.4:**  
Payables
- **Note 5.5:**  
Contract liabilities
- **Note 5.7:**  
Other provisions
- **Note 6.1(a):**  
Lease liabilities
- **Note 7.4:**  
Fair value determination

## Note 1.3: Accounting standards issued but not yet effective

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Eastern Health and their potential impact when adopted in future periods is outlined below:

STANDARD	ADOPTION DATE	IMPACT
<b>AASB 2022-10:</b> <i>Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities</i>	Reporting periods beginning on or after 1 January 2024.  In accordance with FRD 103, Eastern Health will apply Appendix F of AASB 13 prospectively, in the next formal asset revaluation or interim revaluation (whichever is earlier).	Eastern Health is yet to assess the impact of adopting this standard.
<b>AASB 2024-2:</b> <i>Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments</i>	Reporting periods beginning on or after 1 January 2026.	Eastern Health is yet to assess the impact of adopting this standard.
<b>AASB 18:</b> <i>Presentation and Disclosure in Financial Statements</i>	Reporting periods beginning on or after 1 January 2028.	Eastern Health is yet to assess the impact of adopting this standard.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Eastern Health in future periods.

Commitments, contingent assets and contingent liabilities are presented on a gross basis.

### Note 1.4: Reporting entity

The financial statements include all the controlled activities of Eastern Health.

Eastern Health's principal address is:

5 Arnold Street  
Box Hill  
Victoria 3128

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

### Note 1.5: Economic dependency

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

Eastern Health provides essential services and is predominantly dependent on the continued financial support of the State Government, particularly the Department of Health, and the Commonwealth funding via the National Health Reform Agreement (NHRA).

The State of Victoria plans to continue Eastern Health operations and on that basis, the financial statements have been prepared on a going concern basis.

# Note 2:

## Funding delivery of our services

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

### Structure

2.1: Revenue and income from transactions

### Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Identifying performance obligations	<p>Eastern Health applies material judgment when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations.</p> <p>If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Eastern Health to recognise revenue as or when the health service transfers promised goods or services to the beneficiaries.</p> <p>If this criterion is not met, funding is recognised immediately in the net result from operations.</p>
Determining timing of revenue recognition	<p>Eastern Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.</p>
Determining time of capital grant income recognition	<p>Eastern Health applies material judgement to determine when its obligation to construct an asset is satisfied. Cost incurred is used to measure the health service's progress as this is deemed to be the most accurate reflection of the stage of completion.</p>
Assets and services received free of charge or for nominal consideration	<p>Eastern Health applies material judgement to determine the fair value of assets and services provided free of charge ("FOC") or for nominal value. Assets received free of charge from the State's inventory are valued at the cost to the supplier of these FOC assets.</p>

## Note 2.1: Revenue and income from transactions

	NOTE	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	1,303,173	860,273
Other sources of income	2.1(b)	414,841	702,426
<b>TOTAL REVENUE AND INCOME FROM TRANSACTIONS</b>		<b>1,718,014</b>	<b>1,562,699</b>

### Note 2.1 (a): Timing of revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - Operating	1,174,853	743,870
Government grants (Commonwealth) - Operating	8,160	8,030
Patient and resident fees	59,014	53,872
Private practice fees	33,329	29,701
Commercial activities <sup>(i)</sup>	27,817	24,800
<b>Total revenue from contracts with customers</b>	<b>1,303,173</b>	<b>860,273</b>
Eastern Health disaggregates revenue by the timing of revenue recognition.		
<b>Goods and services transferred to customers:</b>		
At a point in time	1,298,871	857,648
Over time	4,302	2,625
<b>TOTAL REVENUE FROM CONTRACTS WITH CUSTOMERS</b>	<b>1,303,173</b>	<b>860,273</b>

(i) Commercial activities represent business activities which Eastern Health enters into to support its operations.

## 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 typically a funding body, which is the party that promises funding in exchange for Eastern Health's goods or services.

Eastern Health's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large.

In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

**Note 2.1: Revenue and income from transactions (continued)**

**Note 2.1 (a): Timing of revenue from contracts with customers (continued)**

This policy applies to each of Eastern Health's revenue streams, with information detailed below relating to Eastern Health's significant 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 it is weighted for clinical complexity. Revenue is recognised at a point in time, which is when a patient is discharged.

**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.

**Private practice fees**

Private practice fees include recoupments from various private practice organisations for the use of hospital facilities. Private practice fees are recognised over time as the performance obligation, the provision of facilities, is provided to customers.

**Commercial activities**

Revenue from commercial activities includes items such as car park income, clinical trial income, ethics review fees, training and seminar fees and property rental income.

Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

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

	NOTE	2025 \$'000	2024 \$'000
<b>Operating activities</b>			
Government grants (State) - Operating		244,090	558,767
Government grants (Commonwealth) - Operating		61,195	54,599
Government grants (State) - Capital		73,419	51,564
Assets received free of charge or for nominal consideration	2.1(c)	826	1,942
Salary and other recoveries		6,344	6,006
Research and sundry income		2,164	2,177
<b>Total other sources of income</b>		<b>404,292</b>	<b>693,095</b>
<b>Non-operating activities</b>			
Other interest		10,549	9,331
<b>Total other sources of income</b>		<b>10,549</b>	<b>9,331</b>
<b>TOTAL OTHER SOURCES OF INCOME</b>		<b>414,841</b>	<b>702,426</b>

## Note 2.1: Revenue and income from transactions (continued)

### Note 2.1 (b): Other sources of income (continued)

## How we recognise other sources of income

### Government operating grants

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

Income from grants without any sufficiently specific performance obligations or that are not enforceable, is recognised when Eastern Health has an unconditional right to receive cash which usually coincides with receipt of cash.

On initial recognition of the asset, Eastern Health recognises any related contributions by owners,

increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards.

Related amounts may take the form of:

- contributions by owners, in accordance with AASB 1004 Contributions
- revenue or contract liability arising from a contract with a customer, in accordance with AASB 15
- a lease liability in accordance with AASB 16 Leases
- a financial instrument, in accordance with AASB 9 Financial Instruments
- a provision, in accordance with AASB 137 Provisions, Contingent Liabilities and Contingent Assets.

### Capital grants

Where Eastern Health receives a capital grant it recognises a liability, equal to the financial asset received less amounts recognised under other Australian Accounting Standards.

Income is recognised in accordance with AASB 1058 progressively as the asset is constructed which aligns with Eastern Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

### Interest Income

Interest income is recognised on a time proportionate basis that considers the effective yield of the financial asset, which allocates interest over the relevant period.

### 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	-	54
Personal protective equipment and other consumables	826	1,888
<b>TOTAL FAIR VALUE OF ASSETS AND SERVICES RECEIVED FREE OF CHARGE OR FOR NOMINAL CONSIDERATION</b>	<b>826</b>	<b>1,942</b>

**Note 2.1: Revenue and income from transactions (continued)**

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

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

**Donations and bequests**

Donations and bequests are generally recognised as income upon receipt (which is when Eastern Health obtains control of the asset) as they do not contain sufficiently specific and enforceable performance obligations.

Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

**Personal protective equipment**

Under the State Supply Arrangement, Health Share Victoria supplies personal protective equipment to Eastern Health for nil consideration.

**Contributions of resources**

Eastern Health may receive resources for nil or nominal consideration to further its objectives.

The resources are recognised at their fair value when Eastern Health obtains control over the resources, irrespective of whether restrictions or conditions are imposed over the use of the contributions.

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

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

The DH makes some payments on behalf of Eastern Health as follows:

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

# Note 3:

## The cost of delivering our services

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

### Structure

3.1: Expenses incurred in the delivery of services

### Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Classifying employee benefit liabilities	<p>Eastern Health applies material judgement when classifying its employee benefit liabilities.</p> <p>Employee benefit liabilities are classified as a current liability if Eastern Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if Eastern Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p>
Measuring employee benefit liabilities	<p>Eastern Health applies material judgement when measuring its employee benefit liabilities.</p> <p>The health service applies judgement to determine when it expects its employee entitlements to be paid.</p> <p>With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees.</p> <p>Expected future payments incorporate:</p> <ul style="list-style-type: none"> <li>• an inflation rate of 4.25%, reflecting the future wage and salary levels</li> <li>• durations of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not yet reached the vesting period. The estimated rates are between 35.8% and 89.2%.</li> <li>• discounting at the rate of 4.203%, as determined with reference to market yields on government bonds at the end of the reporting period.</li> </ul> <p>All other entitlements are measured at their nominal value.</p>

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

	NOTE	2025 \$'000	2024 \$'000
Employee expenses	3.1(a)	1,268,361	1,185,716
Other operating expenses	3.1(d)	392,410	389,580
<b>TOTAL EXPENSES INCURRED IN THE DELIVERY OF SERVICES</b>		<b>1,660,770</b>	<b>1,575,296</b>

### Note 3.1 (a): Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	1,085,105	1,010,089
On-costs	153,611	135,365
Agency expenses	3,585	11,694
Fee for service medical officer expenses	8,300	9,627
Workcover premium	17,760	18,941
<b>TOTAL EMPLOYEE EXPENSES</b>	<b>1,268,361</b>	<b>1,185,716</b>

## How we recognise employee expenses

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

**Note 3.1: Expenses incurred in the delivery of services (continued)**

**Note 3.1 (b): Employee benefits in the balance sheet**

	2025 \$'000	2024 \$'000
<b>CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS</b>		
<b>Accrued Days Off</b>		
Unconditional and Expected to be settled within 12 months <sup>(i)</sup>	2,428	2,471
	<b>2,428</b>	<b>2,471</b>
<b>Annual Leave</b>		
Unconditional and Expected to be settled within 12 months <sup>(i)</sup>	93,562	87,813
Unconditional and Expected to be settled after 12 months <sup>(ii)</sup>	14,919	13,952
	<b>108,481</b>	<b>101,765</b>
<b>Long Service Leave</b>		
Unconditional and Expected to be settled within 12 months <sup>(i)</sup>	22,093	18,899
Unconditional and Expected to be settled after 12 months <sup>(ii)</sup>	147,453	137,810
	<b>169,546</b>	<b>156,709</b>
<b>Provisions Related to Employee Benefit On-Costs</b>		
Unconditional and Expected to be settled within 12 months <sup>(i)</sup>	16,006	14,236
Unconditional and Expected to be settled after 12 months <sup>(ii)</sup>	22,467	20,955
	<b>38,473</b>	<b>35,191</b>
<b>TOTAL CURRENT EMPLOYEE BENEFITS AND RELATED ON-COSTS</b>	<b>318,928</b>	<b>296,136</b>
<b>Non-Current Employee Benefits and Related On-Costs</b>		
Conditional Long Service Leave	25,643	25,054
Provisions related to employee benefit on-costs	3,548	3,471
<b>Total Non-Current Employee Benefits and Related On-Costs</b>	<b>29,191</b>	<b>28,525</b>
<b>TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS</b>	<b>348,119</b>	<b>324,661</b>

(i) The amounts disclosed are nominal amounts.

(ii) The amounts disclosed are discounted to present values.

**Note 3.1 (b): Provision for related on-costs movement schedule**

	2025 \$'000	2024 \$'000
<b>Carrying Amount at Start of Year</b>	<b>38,662</b>	<b>34,788</b>
Additional Provisions Recognised	19,087	17,841
Net Gain/(Loss) Arising from Revaluation of Long Service Liability	(74)	(682)
Amounts Incurred During the Year	(15,653)	(13,285)
<b>CARRYING AMOUNT AT END OF YEAR</b>	<b>42,022</b>	<b>38,662</b>

**Note 3.1: Expenses incurred in the delivery of services (continued)**

**Note 3.1 (b): Provision for related on-costs movement schedule (continued)**

## How we recognise employee benefits

### Employee benefit recognition

Employee benefits 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 Eastern Health does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of the settlement, liabilities for annual leave and accrued days off are measured at:

- **nominal value:**  
if Eastern Health expects to wholly settle within 12 months; or
- **present value:**  
if Eastern Health does not expect to wholly settle within 12 months.

### Long service leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in notes to the financial statements as a current liability even where Eastern Health does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- **nominal value:**  
if Eastern Health expects to wholly settle within 12 months; or
- **present value:**  
if Eastern Health does not expect to wholly settle within 12 months.

Conditional LSL is measured at present value and disclosed as a non-current liability.

Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

### Termination benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

### Provision

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.

## Note 3.1: Expenses incurred in the delivery of services (continued)

### Note 3.1 (c): Superannuation

	PAID CONTRIBUTION FOR THE YEAR		CONTRIBUTION OUTSTANDING AT YEAR END	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
<b>Defined Benefit Plans <sup>(i)</sup></b>				
Aware Super	3	209	-	4
State Superannuation Fund	186	202	10	3
<b>Defined Contribution Plans</b>				
Aware Super	44,286	40,464	2,484	690
Hesta	44,438	39,257	2,492	669
Other	26,996	21,681	1,514	370
<b>TOTAL</b>	<b>115,909</b>	<b>101,813</b>	<b>6,500</b>	<b>1,736</b>

(i) The basis for determining the level of contributions is determined by the various actuaries of the defined benefit superannuation plans.

### How we recognise superannuation

Employees of Eastern Health are entitled to receive superannuation benefits and Eastern Health contributes to both the defined benefit and defined contribution plans.

#### Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary.

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by Eastern Health to the superannuation plans in respect of the services of current Eastern Health staff during the reporting period.

Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

Eastern Health does not recognise any unfunded defined benefit liability in respect of the plans because the entity has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The DTF discloses the State's defined benefits liabilities in its disclosure for administered items. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive Operating Statement of Eastern Health.

The name, details and amounts of the expense in relation to the major employee superannuation funds and contributions made by Eastern Health are disclosed above.

#### Defined contribution superannuation plans

Defined contribution (i.e., accumulation) superannuation plan expenditure is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period.

Contributions to defined contribution superannuation plans are expensed when incurred.

The name, details and amounts that have been expensed in relation to the major employee superannuation funds and contributions made by Eastern Health are disclosed above.

Note 3.1: Expenses incurred in the delivery of services (continued)

Note 3.1 (d): Other operating expenses

	2025 \$'000	2024 \$'000
Drug supplies	68,590	61,981
Medical and surgical supplies (including Prostheses)	74,923	95,576
Diagnostic and radiology supplies	36,359	34,002
Other supplies and consumables	41,247	37,885
Fuel, light, power and water	10,259	9,776
Repairs and maintenance	25,126	25,572
Maintenance contracts	25,982	23,649
Medical indemnity insurance	24,990	22,775
Other administration expenses	84,934	78,364
<b>TOTAL OTHER OPERATING EXPENSES</b>	<b>392,410</b>	<b>389,580</b>

## How we recognise expenses from transactions

### Expense recognition

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

### Supplies and consumables

Supplies and consumables 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.

## 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 Eastern Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue and recording a corresponding expense.

# Note 4:

## Key assets to support service delivery

Eastern Health controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to Eastern Health to be utilised for delivery of those services.

### Structure

**3.1:** Property, plant and equipment

**4.2:** Intangible assets

**4.3:** Depreciation and amortisation

**4.4:** Impairment of assets

### Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Estimating useful life of property, plant and equipment	Eastern Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. Eastern Health reviews the useful life and depreciation rates of all assets at the end of each financial year and, where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where the health service is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Eastern Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Estimating the useful life of intangible assets	Eastern Health assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.
Identifying indicators of impairment	<p>At the end of each year, Eastern Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment.</p> <p>Eastern Health considers a range of information when performing its assessment, including considering:</p> <ul style="list-style-type: none"> <li>• If an asset's value has declined more than expected based on normal use</li> <li>• If a significant change in technological, market, economic or legal environment occurs which adversely impacts the way the health service uses an asset</li> <li>• If an asset is obsolete or damaged</li> <li>• If the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life</li> <li>• If the performance of the asset is or will be worse than initially expected.</li> </ul> <p>Where an impairment trigger exists, the health service applies material judgement and estimate to determine the recoverable amount of the asset.</p>

## Note 4.1: Property, plant and equipment

	GROSS CARRYING AMOUNT		ACCUMULATED DEPRECIATION		NET CARRYING AMOUNT	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Land at fair value - Crown	120,920	133,250	(6,458)	(6,704)	114,462	126,546
Land at fair value - Freehold	113,286	104,968	-	-	113,286	104,968
Land at Cost	193	193	-	-	193	193
Buildings at cost	37,424	1,756	(646)	(32)	36,778	1,724
Buildings at fair value	1,408,136	1,386,629	(95,880)	(17,861)	1,312,256	1,368,768
Leasehold improvements	7,795	7,795	(7,794)	(7,794)	1	1
Works in progress at cost	73,169	42,522	-	-	73,169	42,522
Plant, equipment and vehicles at fair value	258,942	246,869	(199,638)	(179,786)	59,304	67,083
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>2,019,865</b>	<b>1,923,982</b>	<b>(310,417)</b>	<b>(212,177)</b>	<b>1,709,449</b>	<b>1,711,805</b>

### How we recognise property, plant and equipment

Items of property, plant and equipment are initially measured at cost. 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.

*Further information regarding fair value measurement is disclosed in Note 7.4.*

## Note 4.1: Property, plant and equipment (continued)

### Note 4.1 (a): Reconciliations of carrying amount by class of asset

	NOTE	LAND \$'000	BUILDINGS \$'000	LEASEHOLD IMPROVEMENTS \$'000	WORKS IN PROGRESS \$'000	PLANT, EQUIPMENT AND VEHICLES \$'000	TOTAL \$'000
<b>Balance as at 1 July 2023</b>		<b>268,955</b>	<b>1,007,235</b>	<b>10</b>	<b>24,699</b>	<b>56,210</b>	<b>1,357,109</b>
Additions		1,535	6,292	-	38,997	19,939	66,763
Disposals		-	-	-	(7,890)	(264)	(8,154)
Revaluation increments/ (decrements)		(37,733)	417,845	-	-	-	380,112
Net transfers between classes		193	3,091	-	(13,284)	10,560	560
Depreciation	4.3	(1,243)	(63,971)	(9)	-	(19,362)	(84,585)
<b>Balance as at 30 June 2024</b>	<b>4.1</b>	<b>231,707</b>	<b>1,370,492</b>	<b>1</b>	<b>42,522</b>	<b>67,083</b>	<b>1,711,805</b>
Additions		-	45,731	-	42,092	15,237	103,060
Disposals		(2,407)	-	-	-	-	(2,407)
Revaluation increments/ (decrements)		-	-	-	-	-	-
Net transfers between classes		-	11,445	-	(11,445)	-	(0)
Depreciation	4.3	(1,360)	(78,634)	-0	-	(23,016)	(103,010)
<b>Balance as at 30 June 2025</b>	<b>4.1</b>	<b>227,940</b>	<b>1,349,034</b>	<b>1</b>	<b>73,169</b>	<b>59,304</b>	<b>1,709,448</b>

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

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

	GROSS CARRYING AMOUNT		ACCUMULATED DEPRECIATION		NET CARRYING AMOUNT	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Land at fair value	25,196	29,209	(6,458)	(6,704)	18,738	22,505
Buildings at fair value	47,459	25,950	(23,568)	(17,861)	23,891	8,089
Plant, equipment and vehicles at fair value	37,560	35,017	(18,693)	(12,477)	18,867	22,540
<b>TOTAL RIGHT-OF-USE ASSETS</b>	<b>110,215</b>	<b>90,176</b>	<b>(48,719)</b>	<b>(37,042)</b>	<b>61,496</b>	<b>53,134</b>

Note 4.1: Property, plant and equipment (continued)

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

	RIGHT OF USE ASSETS			TOTAL \$'000
	LAND AT FAIR VALUE \$'000	BUILDINGS AT FAIR VALUE \$'000	PLANT, EQUIPMENT AND VEHICLES AT FAIR VALUE \$'000	
<b>Balance at 1 July 2023</b>	<b>23,738</b>	<b>10,315</b>	<b>11,984</b>	<b>46,037</b>
Additions	-	6,104	16,089	22,193
Disposals	-	-	(7)	(7)
Revaluation Increments/(Decrements)	10	-	-	10
Net Transfers Between Classes	-	(107)	107	-
Depreciation	(1,243)	(8,223)	(5,633)	(15,099)
<b>Balance at 30 June 2024</b>	<b>22,505</b>	<b>8,089</b>	<b>22,540</b>	<b>53,134</b>
Additions	-	21,508	2,665	24,173
Disposals	(2,407)	-	-	(2,407)
Revaluation Increments/(Decrements)	-	-	-	-
Net Transfers Between Classes	-	-	-	-
Depreciation	(1,360)	(5,706)	(6,338)	(13,404)
<b>Balance at 30 June 2025</b>	<b>18,738</b>	<b>23,891</b>	<b>18,867</b>	<b>61,496</b>

## How we recognise right-of-use assets

### Initial recognition

When Eastern Health enters a contract, it assesses if the contract contains or is a lease.

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

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.

Eastern Health has applied the exemption permitted under FRD 104 Leases, consistent with the optional relief in AASB 16.Aus25.1.

Under this exemption, Eastern Health 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 7.4.*

## Note 4.2: Intangible assets

	GROSS CARRYING AMOUNT		ACCUMULATED DEPRECIATION		NET CARRYING AMOUNT	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Software	84,770	84,721	(75,479)	(70,870)	9,291	13,851
Intangible Works in Progress	6,572	4,216	-	-	6,572	4,216
<b>TOTAL INTANGIBLE ASSETS</b>	<b>91,342</b>	<b>88,937</b>	<b>(75,479)</b>	<b>(70,870)</b>	<b>15,863</b>	<b>18,067</b>

### Note 4.2 (a): Reconciliations of carrying amount by class of asset

	SOFTWARE \$'000	INTANGIBLE WIP \$'000	TOTAL \$'000
<b>Balance at 1 July 2023</b>	<b>18,081</b>	<b>1,764</b>	<b>19,845</b>
Additions	505	2,452	2,957
Disposals	-	-	-
Revaluation Increments/(Decrements)	-	-	-
Depreciation	(4,735)	-	(4,735)
<b>Balance at 30 June 2024</b>	<b>13,851</b>	<b>4,216</b>	<b>18,067</b>
Additions	49	2,356	2,405
Disposals	-	-	-
Net Transfers Between Classes	-	-	-
Amortisation	(4,609)	-	(4,609)
<b>Balance at 30 June 2025</b>	<b>9,291</b>	<b>6,572</b>	<b>15,863</b>

### How we recognise intangible assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software.

#### Initial recognition

Purchased intangible assets are initially recognised at cost.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is also recognised at cost if, and only if, all of the following are demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- an intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

#### Subsequent measurement

Intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses.

## Note 4.3: Depreciation and amortisation

	2025 \$'000	2024 \$'000
<b>Depreciation</b>		
Land	1,360	1,243
Buildings	78,634	63,971
Leasehold Improvements at Fair Value	0	9
Plant, Equipment and Vehicles at Fair Value	23,016	19,362
<b>Total Depreciation</b>	<b>103,010</b>	<b>84,585</b>
<b>Amortisation</b>		
Software	4,609	4,735
<b>Total Amortisation</b>	<b>4,609</b>	<b>4,735</b>
<b>TOTAL DEPRECIATION AND AMORTISATION</b>	<b>107,619</b>	<b>89,320</b>

### How we recognise depreciation

All infrastructure assets, 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 Eastern Health anticipates to exercise 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 range of expected useful lives of non-current assets on which the depreciation and amortisation charges are based:

	2025 \$'000	2024 \$'000
Buildings	11 - 50 years	11 - 50 years
Land	7 - 50 years	7 - 50 years
Plant, Equipment and Vehicles	5 - 20 years	5 - 20 years
Intangible Assets	1 - 10 years	1 - 10 years
Leasehold Improvements	5 years	5 years

As part of the building valuation, building values are separated into components and each component is assessed for its useful life which is represented above.

## Note 4.4: Impairment of assets

### How we recognise impairment

At the end of each reporting period, Eastern Health reviews the carrying amount of its tangible and intangible assets that have a finite useful life, to determine whether there is any indication that an asset may be impaired.

The assessment will include consideration of external sources of information and internal sources of information.

If such an indication exists, an impairment test is carried out.

Assets with indefinite useful lives (and assets not yet available for use) are tested annually for impairment, in addition to where there is an indication that the asset may be impaired.

When performing an impairment test, Eastern Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount.

Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

Where an impairment loss on a revalued asset is identified, this is recognised against the asset revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the cumulative balance recorded in the asset revaluation surplus for that class of asset.

Where it is not possible to estimate the recoverable amount of an individual asset, Eastern Health estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Eastern Health did not record any impairment losses for the year ended 30 June 2025 (30 June 2024: Nil).

# Note 5: Other assets and liabilities

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

## Structure

- 5.1: Receivables
- 5.2: Contract assets
- 5.3: Inventories
- 5.4: Payables
- 5.5: Contract liabilities
- 5.6: Other liabilities
- 5.7: Other Provisions

## Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Estimating the provision for expected credit losses	Eastern Health uses a simplified approach to account for the expected credit loss provision. A provision matrix is used, which considers historical experience, external indicators and forward-looking information to determine expected credit loss rates.
Measuring deferred capital grant income	Where Eastern Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed.  Eastern Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated the stage of completion at the end of each financial year.
Measuring contract liabilities	Eastern Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, the health service assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.
Recognition of other provisions	Other provisions include Eastern Health's obligation to restore leased assets to their original condition at the end of a lease term. The health service applies material judgement and estimate to determine the present value of such restoration costs.

## Note 5.1: Receivables

	NOTE	2025 \$'000	2024 \$'000
<b>CURRENT RECEIVABLES</b>			
<b>Contractual</b>			
Inter-Hospital Debtors		999	970
Trade Receivables		18,176	8,822
Patient Fees		8,582	8,382
Amounts Receivable from Governments and Agencies		347	129
Allowance for Impairment Losses	5.1 (a)	(3,101)	(3,134)
<b>Total Contractual Receivables</b>		<b>25,003</b>	<b>15,169</b>
<b>Statutory</b>			
GST Receivable		3,494	4,567
<b>Total Statutory Receivables</b>		<b>3,494</b>	<b>4,567</b>
<b>TOTAL CURRENT RECEIVABLES</b>		<b>28,497</b>	<b>19,736</b>
<b>NON-CURRENT RECEIVABLES</b>			
<b>Contractual</b>			
Long Service Leave – Department of Health		98,077	86,871
<b>Total Contractual Receivables</b>		<b>98,077</b>	<b>86,871</b>
<b>TOTAL NON-CURRENT RECEIVABLES</b>		<b>98,077</b>	<b>86,871</b>
<b>TOTAL RECEIVABLES</b>		<b>126,574</b>	<b>106,607</b>
<b>(i) Financial assets classified as receivables (Note 7.1)</b>			
Total Receivables		126,574	106,607
GST Receivable		(3,494)	(4,567)
<b>TOTAL FINANCIAL ASSETS CLASSIFIED AS RECEIVABLES</b>	7.1	<b>123,080</b>	<b>102,040</b>

**Note 5.1: Receivables (continued)**

**How we recognise receivables**

Receivables consist of:

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

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

Trade receivables are carried at the nominal amounts due and are due for settlement within 30 days from the date of recognition.

**Note 5.1 (a): Movement in the allowance for impairment losses of contractual receivables**

	2025 \$'000	2024 \$'000
<b>Balance at the beginning of the year</b>	<b>(3,134)</b>	<b>(2,783)</b>
Increase in allowance	(1,780)	(1,870)
Amounts written off during the year	1,813	1,519
<b>BALANCE AT THE END OF THE YEAR</b>	<b>(3,101)</b>	<b>(3,134)</b>

**Impairment losses of contractual receivables**

Refer to Note 7.2 (a) for Eastern Health's contractual impairment losses.

## Note 5.2: Contract assets

	NOTE	2025 \$'000	2024 \$'000
<b>Current</b>			
Contract Assets		6,609	5,479
<b>Total Current Contract Assets</b>		<b>6,609</b>	<b>5,479</b>
<b>TOTAL CONTRACT ASSETS</b>	5.2(a)	<b>6,609</b>	<b>5,479</b>

### Note 5.2 (a): Movement in contract assets

	2025 \$'000	2024 \$'000
<b>Balance at the beginning of the year</b>	<b>5,479</b>	<b>5,001</b>
Add: Additional costs incurred that are recoverable from the customer	59,014	53,873
Less: Transfer to revenue recognition	(57,885)	(53,395)
<b>TOTAL CONTRACT ASSETS</b>	<b>6,609</b>	<b>5,479</b>

## How we recognise contract assets

Contract assets relate to the Eastern Health's right to consideration in exchange for goods transferred to customers for works completed, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered during the next financial year.

## Note 5.3: Inventories

	NOTE	2025 \$'000	2024 \$'000
Pharmaceuticals - At Cost		2,383	3,061
Medical and Surgical Consumables At Cost		3,667	5,083
Allied Health and Diagnostics - At Cost		1,573	698
<b>TOTAL INVENTORIES</b>		<b>7,623</b>	<b>8,842</b>

## How we recognise inventories

Inventories include goods held either for sale, consumption or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets.

Inventories are measured at the lower of cost and net realisable value.

## Note 5.4: Payables

	NOTE	2025 \$'000	2024 \$'000
<b>CURRENT PAYABLES</b>			
<b>Contractual</b>			
Payables		36,736	41,436
Accrued Salaries and Wages		33,131	27,192
Accrued Expenses		46,132	46,115
Deferred Capital Grant Income	5.4(a)	41,777	52,561
Salary Packaging		40	278
Superannuation		6,500	1,736
Inter-hospital Creditors		75	190
Amounts Payable to Government and Agencies		363	210
<b>Total Contractual Payables</b>		<b>164,754</b>	<b>169,718</b>
<b>Statutory</b>			
PAYG Payable		10,793	11,096
<b>Total Statutory Payables</b>		<b>10,793</b>	<b>11,096</b>
<b>TOTAL CURRENT PAYABLES</b>		<b>175,547</b>	<b>180,814</b>

(i) Financial liabilities classified as payables (Note 7.1)

	NOTE	2025 \$'000	2024 \$'000
Total Payables		175,547	180,814
Deferred Capital Grant Income		(41,777)	(52,561)
PAYG Payable		(10,793)	(11,096)
<b>TOTAL FINANCIAL LIABILITIES CLASSIFIED AS PAYABLES</b>	7.1	<b>122,977</b>	<b>117,157</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 Eastern Health prior to the end of the financial year that are unpaid.

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

The normal credit terms for accounts payable are usually Net 45 days.

## Note 5.4: Payables (continued)

### Note 5.4 (a): Movement in deferred capital grant income

	2025 \$'000	2024 \$'000
<b>Opening Balance of Deferred Capital Grant Income</b>	<b>52,561</b>	<b>58,920</b>
Grant Consideration for Capital Works received during the Year	32,551	28,974
Deferred Capital Grant income recognised as income due to completion of Capital Works	(43,335)	(35,333)
<b>CLOSING BALANCE OF DEFERRED CAPITAL GRANT INCOME</b>	<b>41,777</b>	<b>52,561</b>

### How we recognise deferred capital grant income

Grant consideration was received from the DH to support the construction of infrastructure assets.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Eastern Health satisfies its obligations.

The progressive percentage of costs incurred is used to recognise income because this most closely reflects the percentage of completion of the building works.

As a result, Eastern Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Eastern Health expects to recognise all of the remaining deferred capital grant income for capital works by 30 June 2026.

## Note 5.5: Contract liabilities

	NOTE	2025 \$'000	2024 \$'000
<b>Current</b>			
Contract Liabilities		9,607	13,457
<b>Total Current Contract Liabilities</b>		<b>9,607</b>	<b>13,457</b>
<b>TOTAL CONTRACT LIABILITIES</b>	5.5(a)	<b>9,607</b>	<b>13,457</b>

Note 5.5: Contract liabilities (continued)

Note 5.5 (a): Movement in contract liabilities

	2025 \$'000	2024 \$'000
<b>Opening Balance of Contract Liabilities</b>	<b>13,457</b>	<b>8,375</b>
Add: Grant Consideration for Sufficiently Specific Performance Obligations Received during the Year	1,179,162	864,662
Less: Revenue Recognised for Completion of a Performance Obligation	(1,183,012)	(859,580)
<b>TOTAL CONTRACT LIABILITIES</b>	<b>9,607</b>	<b>13,457</b>

### How we recognise contract liabilities

Contract liabilities include consideration received in advance from customers in respect of the provision of acute and subacute health services. The balance of contract liabilities was higher than the previous reporting period due to DH requiring more unutilised grants to be used in 2024/25.

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

### Maturity analysis of payables

Please refer to Note 7.2 (b) for the maturity analysis of payables.

### Note 5.6: Other liabilities

	NOTE	2025 \$'000	2024 \$'000
<b>Current Monies Held in Trust</b>			
Refundable Accommodation Deposits		14,855	12,741
Other Liabilities		8,870	8,922
<b>Total Current Monies Held in Trust</b>		<b>23,725</b>	<b>21,663</b>
<b>TOTAL OTHER LIABILITIES</b>		<b>23,725</b>	<b>21,663</b>
<b>Represented by:</b>			
Cash Assets	6.2	14,855	12,741
<b>TOTAL MONIES HELD IN TRUST</b>		<b>14,855</b>	<b>12,741</b>

## Note 5.6: Other liabilities (continued)

### How we recognise contract liabilities

#### Refundable Accommodation Deposits (RAD)/ Accommodation Bond liabilities

RADs/accommodation bonds are non-interest-bearing deposits made by some aged care residents to Eastern Health upon admission. These deposits are liabilities which fall due and payable when the resident leaves the home.

As there is no unconditional right to defer payment for 12 months, these liabilities are recorded as current liabilities.

RAD/accommodation bond liabilities are recorded at an amount equal to the proceeds received, net of retention and any other amounts deducted from the RAD/accommodation bond in accordance with the *Aged Care Act 1997*.

## Note 5.7: Other provisions

	2025 \$'000	2024 \$'000
<b>Current Other Provisions</b>		
Make-Good Provision	816	259
<b>Total Other Current Provisions</b>	<b>816</b>	<b>259</b>
<b>Non-Current Other Provisions</b>		
Make-Good Provision	3,458	4,274
<b>Total Non-Current Other Provisions</b>	<b>3,458</b>	<b>4,274</b>
<b>TOTAL OTHER PROVISIONS</b>	<b>4,274</b>	<b>4,533</b>
<b>Balance at the Beginning of the Year</b>	<b>4,533</b>	<b>4,533</b>
Reductions arising from payments/other sacrifices of future economic benefits	(259)	-
<b>BALANCE AT THE END OF THE YEAR</b>	<b>4,274</b>	<b>4,533</b>

### How we recognise other provisions

Other provisions are recognised when Eastern Health has a present obligation, the future sacrifice of economic benefits is probable and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to

settle the present obligation at reporting date, considering the risks and uncertainties surrounding the obligation.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Eastern Health has recognised a provision for make-good, to reflect the cost to make-good the leased premises when the lease term ends.

The related expenses of making good such properties are included in the measurement of the right-of-use asset.

# Note 6:

## How we finance our operations

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

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

### Structure

- 6.1: Borrowings
- 6.2: Cash and cash equivalents
- 6.3: Commitments for expenditure
- 6.4: Non-cash financing and investing activities

### Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Determining if a contract is or contains a lease	<p>Eastern Health applies material judgement to determine if a contract is or contains a lease by considering if the health service:</p> <ul style="list-style-type: none"> <li>• has the right-to-use an identified asset</li> <li>• has the right to obtain substantially all economic benefits from the use of the leased asset and</li> <li>• can decide how and for what purpose the asset is used throughout the lease.</li> </ul>
Determining if a lease meets the short-term or low value asset lease exemption	<p>Eastern Health applies material judgement when determining if a lease meets the short-term or low value lease exemption criteria.</p> <p>Eastern Health estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption.</p> <p>Eastern Health also estimates the lease term with reference to the remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.</p>

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MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
Discount rate applied to future lease payments	<p>Eastern Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service's lease arrangements, Eastern Health uses its incremental borrowing rate, which is the amount that Eastern Health would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.</p> <p>For leased land and buildings, Eastern Health estimates the incremental borrowing rate to be between 1.2% and 6.6%.</p> <p>For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 2.8% and 6.6%.</p>
Assessing the lease term	<p>The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Eastern Health is reasonably certain to exercise such options.</p> <p>Eastern Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including:</p> <ul style="list-style-type: none"> <li>• If there are significant penalties to terminate (or not extend), the health service is typically reasonably certain to extend (or not terminate) the lease.</li> <li>• If any leasehold improvements are expected to have a significant remaining value, the health service is typically reasonably certain to extend (or not terminate) the lease.</li> </ul> <p>The health service considers historical lease durations and the costs and business disruption to replace such leased assets.</p>

## Note 6.1: Borrowings

	NOTE	2025 \$'000	2024 \$'000
<b>Current Borrowings</b>			
TCV Loans <sup>(i)</sup>		1,160	1,300
DH Loans <sup>(ii)</sup>		1,058	1,057
Lease Liability <sup>(iii)</sup>	6.1(a)	11,360	10,027
<b>Total Current Borrowings</b>		<b>13,578</b>	<b>12,384</b>
<b>Non-Current Borrowings</b>			
TCV Loans <sup>(i)</sup>		14,260	15,420
DH Loans <sup>(ii)</sup>		53	1,025
Lease Liability <sup>(iii)</sup>	6.1(a)	41,312	21,727
<b>Total Non-Current Borrowings</b>		<b>55,625</b>	<b>38,172</b>
<b>TOTAL BORROWINGS</b>		<b>69,203</b>	<b>50,556</b>

(i) These are unsecured loans with a weighted average interest rate of 3.69% (2024: 3.83%).

(ii) These are unsecured loans which bear no interest.

(iii) Secured by the assets leased.

**Note 6.1: Borrowings (continued)**

**How we recognise borrowings**

Borrowings refer to interest bearing liabilities mainly raised from advances from the Treasury Corporation of Victoria (TCV) and other funds raised through lease liabilities and other interest-bearing arrangements.

Borrowings are classified as financial instruments. Interest bearing

liabilities are classified at amortised cost and recognised at the fair value of the consideration received less directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

**Maturity analysis**

Refer to Note 7.2 (b) for the maturity analysis of borrowings.

**Interest expenses**

	2025 \$'000	2024 \$'000
Interest on Lease Liabilities	2,799	1,332
Interest on Loans from TCV	614	670
<b>TOTAL INTEREST EXPENSE</b>	<b>3,413</b>	<b>2,002</b>

Interest expense includes costs incurred in connection with the borrowing of funds and includes interest on bank overdrafts and short term and long-term borrowings, interest component of lease repayments and the increase in financial liabilities and non-employee provisions due to the unwinding of discounts to reflect the passage of time.

Interest expense is recognised in the period in which it is incurred.

Eastern Health recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

**Defaults and breaches**

During the current and prior year, there were no defaults and breaches of any of the loans.

**Note 6.1 (a): Lease liabilities**

Eastern Health's lease liabilities are summarised below:

	2025 \$'000	2024 \$'000
<b>Current lease liabilities</b>		
Lease liability	11,360	10,027
<b>Total current lease liabilities</b>	<b>11,360</b>	<b>10,027</b>
<b>Non-current lease liabilities</b>		
Lease liability	41,312	21,727
<b>Total non-current lease liabilities</b>	<b>41,312</b>	<b>21,727</b>
<b>TOTAL LEASE LIABILITIES</b>	<b>52,672</b>	<b>31,754</b>

## Note 6.1: Borrowings (continued)

### Note 6.1 (a): Lease liabilities (continued)

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

	2025 \$'000	2024 \$'000
Not longer than one year	14,008	11,196
Longer than one year but not longer than five years	26,564	23,132
Longer than five years	28,790	-
<b>Minimum Future Lease Liability</b>	<b>69,362</b>	<b>34,328</b>
Less unexpired finance expenses	(16,690)	(2,574)
<b>PRESENT VALUE OF LEASE LIABILITY</b>	<b>52,672</b>	<b>31,754</b>

## How we recognise lease liabilities

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

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

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

Eastern Health's lease arrangements consist of the following:

TYPE OF ASSET LEASED	LEASE TERM
Leased land	10 to 40 years
Leased buildings	2 to 10 years
Leased plant, equipment, furniture, fittings and vehicles	2 to 7 years

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

Eastern Health has elected to apply the practical expedients for short-term leases and leases of low-value assets. As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1(d)).

The following short term lease payments are recognised in profit or loss:

TYPE OF PAYMENT	DESCRIPTION OF PAYMENT	TYPE OF LEASES CAPTURED
Short-term lease payments	Leases with a term less than 12 months	Short-term property lease

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**Note 6.1: Borrowings (continued)**

**Note 6.1 (a): Lease liabilities (continued)**

**Initial measurement**

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Eastern Health's incremental borrowing rate.

Our lease liability has been discounted by rates of between 1.21% to 6.60%.

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

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

The following types of lease arrangements, contain extension and termination options:

- **building leases:** options to extend can vary from no extensions, month-to-month extensions and up to two fixed-term extensions.
- **equipment leases:** options to extend can vary from no extension and month-to-month extensions.

These terms are used to maximise operational flexibility in terms of managing contracts. Extension and termination options held are exercisable only by the health service and not by the respective lessor.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term and lease liability if the lease is reasonably certain to be extended (or not terminated).

The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee.

During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising

extension and termination options was an increase in recognised lease liabilities and right-of-use assets of \$1,543,963.

**Subsequent measurement**

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

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

**Leases with significantly below market terms and conditions**

Eastern Health holds lease arrangements which contain significantly below-market terms and conditions, which are principally to enable the health service to further its objectives. These are commonly referred to as concessionary lease arrangements.

The nature and terms of such lease arrangements, including Eastern Health's dependency on such lease arrangements is described below:

DESCRIPTION OF LEASED ASSET	OUR DEPENDENCE ON THE LEASE	NATURE AND TERMS OF THE LEASE
The leased assets relate to various parcels of land.	<p>The various leased parcels of land contains buildings which have the facilities to provide our services to the community.</p> <p>Eastern Health's dependence on these lease are considered high.</p> <p>These assets are of a special nature and there are limited readily available substitutes.</p>	<p>Lease payments on the different parcels of land vary between \$12 and \$104 per annum.</p> <p>The leases have various terms from 10 years to 40 years with only one having an extension option of 10 years.</p> <p>The assets can only be used to meet Eastern Health's business needs.</p>

## Note 6.2: Cash and cash equivalents

	NOTE	2025 \$'000	2024 \$'000
Cash on hand (excluding monies held in trust)		35	36
Cash at bank - CBS (excluding monies held in trust)		80,239	121,920
<b>Total Cash Held for Operations</b>		<b>80,274</b>	<b>121,956</b>
Cash at Bank - CBS (monies held in trust)		14,855	12,741
<b>Total Cash Held as Monies in Trust</b>		<b>14,855</b>	<b>12,741</b>
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	7.1(a)	<b>95,129</b>	<b>134,697</b>

## Note 6.3: Commitments for expenditure

30 JUNE 2025	LESS THAN 1 YEAR \$'000	1-5 YEARS \$'000	OVER 5 YEARS \$'000	TOTAL \$'000
Capital Expenditure Commitments	40,851	-	-	40,851
Operating Expenditure Commitments	127,445	70,937	-	198,382
Non-Cancellable Short Term and Low Value Lease Commitments	-	-	-	-
<b>Total Commitments (Inclusive of GST)</b>	<b>168,296</b>	<b>70,937</b>	<b>-</b>	<b>239,233</b>
Less GST Recoverable	-	-	-	(21,748)
<b>TOTAL COMMITMENTS (EXCLUSIVE OF GST)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>217,485</b>

30 JUNE 2024	LESS THAN 1 YEAR \$'000	1-5 YEARS \$'000	OVER 5 YEARS \$'000	TOTAL \$'000
Capital Expenditure Commitments	42,870	-	-	42,870
Operating Expenditure Commitments	162,816	172,588	58	335,462
<b>Total Commitments (Inclusive of GST)</b>	<b>205,686</b>	<b>172,588</b>	<b>58</b>	<b>378,332</b>
Less GST Recoverable	-	-	-	(34,394)
<b>TOTAL COMMITMENTS (EXCLUSIVE OF GST)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>343,938</b>

**Note 6.3: Commitments for expenditure (continued)**

**How we disclose our commitments**

Our commitments relate to capital and operating expenditure.

**Expenditure commitments**

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable.

In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated.

These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

**Note 6.4: Non-cash financing and investing activities**

	2025 \$'000	2024 \$'000
Acquisition of Buildings, Plant and Equipment by means of Leases	24,173	22,193
Acquisition of Assets by means of Indirect Contribution by DH	30,097	7,004
Plant and Equipment Received Free of Charge via the State Supply Arrangement	-	54
<b>TOTAL NON-CASH FINANCING AND INVESTING ACTIVITIES</b>	<b>54,270</b>	<b>29,251</b>

# Note 7:

## Risks, contingencies and valuation uncertainties

Eastern Health is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements.

This section sets out financial instrument specific information (including exposures to financial risks), as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for Eastern Health is related mainly to fair value determination.

### Structure

- 7.1:** Financial instruments
- 7.2:** Financial risk management objectives and policies
- 7.3:** Contingent assets and contingent liabilities
- 7.4:** Fair value determination

## Material judgements and estimates

This section contains the following material judgements and estimates:

MATERIAL JUDGEMENTS AND ESTIMATES	DESCRIPTION
<p>Measuring fair value of non-financial assets</p>	<p>Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use.</p> <p>In determining the highest and best use, Eastern Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets.</p> <p>Eastern Health uses a range of valuation techniques to estimate fair value, which include the following:</p> <ul style="list-style-type: none"> <li>• <b>Market approach</b>, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Eastern Health's specialised land is measured using this approach.</li> <li>• <b>Cost approach</b>, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Eastern Health's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach.</li> <li>• <b>Income approach</b>, which converts future cash flows or income and expenses to a single undiscounted amount. Eastern Health does not use this approach to measure fair value.</li> </ul> <p>Eastern Health selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.</p> <p>Subsequently, Eastern Health applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes:</p> <ul style="list-style-type: none"> <li>• <b>Level 1</b>, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Eastern Health does not categorise any fair values in this level.</li> <li>• <b>Level 2</b>, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Eastern Health categorises non-specialised land and non-specialised buildings in this level.</li> <li>• <b>Level 3</b>, where inputs are unobservable. Eastern Health categorises specialised land, specialised buildings, plant, equipment, furniture, fittings and vehicles in this level.</li> </ul>

## 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 Eastern Health's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes, fines and penalties).

Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

### Note 7.1 (a): Categorisation of financial instruments

30 JUNE 2025	NOTE	FINANCIAL ASSETS AT AMORTISED COST \$'000	FINANCIAL LIABILITIES AT AMORTISED COST \$'000	TOTAL \$'000
<b>Contractual Financial Assets</b>				
Cash and Cash Equivalents	6.2	95,129	-	95,129
Receivables	5.1	123,080	-	123,080
<b>Total Financial Assets <sup>(i)</sup></b>		<b>218,210</b>	<b>-</b>	<b>218,209</b>
<b>Financial Liabilities</b>				
Payables	5.4	-	122,977	122,977
Borrowings	6.1	-	69,203	69,203
Other Financial Liabilities – Refundable Accommodation Deposits	5.6	-	14,855	14,855
Other Financial Liabilities – Other	5.6	-	8,870	8,870
<b>Total Financial Liabilities <sup>(i)</sup></b>		<b>-</b>	<b>215,905</b>	<b>215,905</b>

30 JUNE 2024	NOTE	FINANCIAL ASSETS AT AMORTISED COST \$'000	FINANCIAL LIABILITIES AT AMORTISED COST \$'000	TOTAL \$'000
<b>Contractual Financial Assets</b>				
Cash and Cash Equivalents	6.2	134,697	-	134,697
Receivables	5.1	102,040	-	102,040
<b>Total Financial Assets <sup>(i)</sup></b>		<b>236,737</b>	<b>-</b>	<b>236,737</b>
<b>Financial Liabilities</b>				
Payables	5.4	-	117,157	117,157
Borrowings	6.1	-	50,556	50,556
Other Financial Liabilities – Refundable Accommodation Deposits	5.6	-	12,741	12,741
Other Financial Liabilities – Other	5.6	-	8,922	8,922
<b>Total Financial Liabilities <sup>(i)</sup></b>		<b>-</b>	<b>189,376</b>	<b>189,376</b>

(i) The carrying amounts exclude statutory receivables (i.e. GST receivable) and statutory payables (i.e. GST payable, PAYG and revenue in advance).

**Note 7.1: Financial instruments (continued)**

**Note 7.1 (a): Categorisation of financial instruments (continued)**

**How we categorise financial instruments**

**Categories of financial assets**

Financial assets are recognised when Eastern Health becomes party to the contractual provisions to the instrument.

For financial assets, this is at the date Eastern Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through net result, in which case transaction costs are expensed to profit or loss immediately.

Where available, quoted prices in an active market are used to determine the fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component or if the practical expedient was applied as specified in AASB 15 para 63.

**Financial Assets at Amortised Cost**

Financial assets are measured at amortised costs 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 Eastern Health solely to collect the contractual cash flows; and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

Eastern Health recognises the following assets in this category:

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

**Categories of financial liabilities**

Financial liabilities are recognised when Eastern Health becomes a party to the contractual provisions to the instrument. Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified at fair value through profit or loss, in which case transaction costs are expensed to profit or loss immediately.

**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.

Eastern Health recognises the following liabilities in this category:

- payables (excluding statutory payables);
- 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

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

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

**Derecognition of financial liabilities**

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

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability.

The difference in the respective carrying amounts is recognised as an 'other economic flow' in the comprehensive operating statement.

**Reclassification of financial instruments**

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

A financial liability reclassification is not permitted.

## Note 7.2: Financial risk management objectives and policies

As a whole, Eastern Health's financial risk management program seeks to manage the risks and the associated volatility of its financial performance.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument above are disclosed throughout the financial statements.

Eastern Health's main financial risks include credit risk, liquidity risk, interest rate risk and equity price risk.

Eastern Health manages these financial risks in accordance with its financial risk management standard.

Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

### Note 7.2 (a): Credit risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due.

Eastern Health's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to Eastern Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Eastern Health's contractual financial assets is minimal because the main debtor is the Victorian Government.

For debtors other than the Government, the health service is exposed to credit risk.

In addition, Eastern Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank.

As with the policy for debtors, Eastern Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Eastern Health will not be able to collect a receivable.

Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 90 days overdue and changes in debtor credit ratings.

Contractual financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense. Bad debt written off following a unilateral decision is recognised as other economic flows in the net result.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents Eastern Health's maximum exposure to credit risk without taking account of the value of any collateral obtained.

There has been no material change to Eastern Health's credit risk profile in 2024-25.

#### Impairment of financial assets under AASB 9

Eastern Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's Expected Credit Loss approach.

Subject to AASB 9, the impairment assessment includes the health service's contractual receivables and its investment in debt instruments.

Equity instruments are not subject to impairment under AASB 9. Other financial assets mandatorily measured or designated at fair value through net result are not subject to an impairment assessment under AASB 9.

The credit loss allowance is classified as "other economic flows" in the net result.

#### Contractual receivables at amortised cost

Eastern Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates.

Eastern Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Eastern Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

**Note 7.2: Financial risk management objectives and policies (continued)**

**Note 7.2 (a): Credit risk (continued)**

on this basis, Eastern Health determines the closing loss allowance at the end of the financial year as follows:

30 JUNE 2025	NOTE	CURRENT	LESS THAN 1 MONTH	1 - 3 MONTHS	3 MONTHS - 1 YEAR	1 - 5 YEARS	TOTAL
<b>Expected loss rate</b>		<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>40%</b>	<b>60%</b>	<b>-</b>
Gross carrying amount of contractual receivables (\$'000)	5.1	12,166	14,925	1,533	3,527	2,562	34,713
<b>Loss Allowance</b>		<b>-</b>	<b>-</b>	<b>174</b>	<b>1,401</b>	<b>1,526</b>	<b>3,101</b>

30 JUNE 2024	NOTE	CURRENT	LESS THAN 1 MONTH	1 - 3 MONTHS	3 MONTHS - 1 YEAR	1 - 5 YEARS	TOTAL
<b>Expected loss rate</b>		<b>0%</b>	<b>9%</b>	<b>10%</b>	<b>61%</b>	<b>75%</b>	<b>-</b>
Gross carrying amount of contractual receivables (\$'000)	5.1	14,791	2,131	2,919	2,318	1,623	23,782
<b>Loss Allowance</b>		<b>-</b>	<b>200</b>	<b>292</b>	<b>1,425</b>	<b>1,217</b>	<b>3,134</b>

**Statutory receivables at amortised cost**

Eastern Health's non-contractual receivables arising from statutory requirements are not financial instruments.

However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

The statutory receivables are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term.

As a result, no loss allowance has been recognised.

## Note 7.2: Financial risk management objectives and policies (continued)

### Note 7.2 (b): Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Eastern Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees. The health service manages its liquidity risk by:

- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements;
- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations;
- holding investments and other contractual financial assets that are readily tradeable in the financial markets; and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Eastern Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The following table discloses the contractual maturity analysis for Eastern Health's financial liabilities.

For interest rates applicable to each class of liability, refer to individual notes to the financial statements.

		MATURITY DATES						
30 JUNE 2025	NOTE	CARRYING AMOUNT \$'000	NOMINAL AMOUNT \$'000	LESS THAN 1 MONTH \$'000	1 - 3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1 - 5 YEARS \$'000	OVER 5 YEARS \$'000
<b>Financial Liabilities at Amortised Cost <sup>(i)</sup></b>								
Payables	5.4	122,977	122,977	36,097	52,565	34,315	-	-
Borrowings	6.1	69,203	91,242	1,433	2,865	12,681	33,019	41,244
Refundable Accommodation Deposits	5.6	14,855	14,855	14,855	-	-	-	-
Other Liabilities	5.6	8,870	8,870	453	8,401	16	-	-
<b>Total Financial Liabilities</b>		<b>215,905</b>	<b>237,944</b>	<b>52,838</b>	<b>63,831</b>	<b>47,012</b>	<b>33,019</b>	<b>41,244</b>

		MATURITY DATES						
30 JUNE 2024	NOTE	CARRYING AMOUNT \$'000	NOMINAL AMOUNT \$'000	LESS THAN 1 MONTH \$'000	1 - 3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1 - 5 YEARS \$'000	OVER 5 YEARS \$'000
<b>Financial Liabilities at Amortised Cost <sup>(i)</sup></b>								
Payables	5.4	117,157	117,176	61,861	54,688	627	-	-
Borrowings	6.1	50,556	57,324	1,181	2,361	10,626	30,702	12,454
Refundable Accommodation Deposits	5.6	12,741	12,741	12,741	-	-	-	-
Other Liabilities	5.6	8,922	8,922	470	8,435	17	-	-
<b>Total Financial Liabilities</b>		<b>189,376</b>	<b>196,163</b>	<b>76,253</b>	<b>65,484</b>	<b>11,270</b>	<b>30,702</b>	<b>12,454</b>

(i) Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

**Note 7.2: Financial risk management objectives and policies (continued)**

**Note 7.2 (c): Market risk**

Eastern Health’s exposures to market risk are primarily through interest rate risk, foreign currency risk and equity price risk.

Objectives, policies and processes used to manage each of these risks are disclosed below.

**Sensitivity disclosure analysis and assumptions**

Eastern Health’s sensitivity to market risk is determined based on the observed range of actual historical data for the preceding five-year period.

The following movements are ‘reasonably possible’ over the next 12 months:

- a change in interest rates of 1.5% up or down.

**Interest rate risk**

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates.

Eastern Health does not hold any interest-bearing financial instruments that are measured at fair value, and therefore has no exposure to fair value interest rate risk.

Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Eastern Health has minimal exposure to cash flow interest rate risks through cash and deposits that are at floating rate.

**Equity risk**

Eastern Health has no exposure to equity price risk as it has no investments in listed and unlisted shares and managed investment schemes.

**Note 7.3: Contingent assets and contingent liabilities**

Eastern Health is in litigation in respect of Eastern Health’s termination of the Agreement for Lease in respect of Wellington One. Legal proceedings were commenced by the Landlord’s financier.

While a trial has been set down for 6 October 2025, there will be a court ordered mediation in early September (date yet to be fixed) which may result in a commercial resolution to the dispute.

At this stage, the outcomes cannot be quantified. Eastern Health has provided for estimated legal expenses in the balance sheet.

**How we measure and disclose contingent assets and contingent liabilities**

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 7.4: 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; and
- 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; and
- **Level 3:** valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

Eastern Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

There have been transfers between levels during the period as outlined in reconciliation of level 3 fair value measurement.

Eastern Health monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required. The Valuer-General Victoria (VGV) is Eastern Health's independent valuation agency for property, plant and equipment.

### Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date.

However, the fair value measurement objective remains the same, i.e. an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability.

Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

## Note 7.4: Fair value determination (continued)

## Note 7.4 (a): Fair value determination of non-financial physical assets

		FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:			
		CARRYING AMOUNT AS AT 30 JUNE 2025 \$'000	LEVEL 1 <sup>(i)</sup> \$'000	LEVEL 2 <sup>(i)</sup> \$'000	LEVEL 3 <sup>(i)</sup> \$'000
	NOTE				
Non-Specialised Land at Fair Value		69,763	-	69,763	-
Specialised Land at Fair Value		158,177	-	-	158,177
<b>Total Land at Fair Value</b>	4.1(a)	<b>227,940</b>	<b>-</b>	<b>69,763</b>	<b>158,177</b>
Non-Specialised Buildings at Fair Value		-	-	-	-
Specialised Buildings at Fair Value		1,349,034	-	-	1,349,034
<b>Total Buildings at Fair Value</b>	4.1(a)	<b>1,349,034</b>	<b>-</b>	<b>-</b>	<b>1,349,034</b>
Plant, and Equipment and Vehicles at Fair Value		59,304	-	-	59,304
<b>Total Plant and Equipment and Vehicles at Fair Value</b>	4.2(a)	<b>59,304</b>	<b>-</b>	<b>-</b>	<b>59,304</b>
<b>TOTAL NON-FINANCIAL PHYSICAL ASSETS AT FAIR VALUE</b>		<b>1,636,278</b>	<b>-</b>	<b>69,763</b>	<b>1,566,515</b>

		FAIR VALUE MEASUREMENT AT END OF REPORTING PERIOD USING:			
		CARRYING AMOUNT AS AT 30 JUNE 2024 \$'000	LEVEL 1 <sup>(i)</sup> \$'000	LEVEL 2 <sup>(i)</sup> \$'000	LEVEL 3 <sup>(i)</sup> \$'000
	NOTE				
Non-Specialised Land at Fair Value		69,762	-	69,762	-
Specialised Land at Fair Value		161,751	-	-	161,751
<b>Total Land at Fair Value</b>	4.1(a)	<b>231,513</b>	<b>-</b>	<b>69,762</b>	<b>161,751</b>
Non-Specialised Buildings at Fair Value		-	-	-	-
Specialised Buildings at Fair Value		1,368,769	-	-	1,368,769
<b>Total Buildings at Fair Value</b>	4.1(a)	<b>1,368,769</b>	<b>-</b>	<b>-</b>	<b>1,368,769</b>
Plant, and Equipment and Vehicles at Fair Value		67,083	-	-	67,083
<b>Total Plant and Equipment and Vehicles at Fair Value</b>	4.2(a)	<b>67,083</b>	<b>-</b>	<b>-</b>	<b>67,083</b>
<b>TOTAL NON-FINANCIAL PHYSICAL ASSETS AT FAIR VALUE</b>		<b>1,667,365</b>	<b>-</b>	<b>69,762</b>	<b>1,597,603</b>

(i) Classified in accordance with the fair value hierarchy.

## Note 7.4: Fair value determination (continued)

### Note 7.4 (a): Fair value determination of non-financial physical assets (continued)

#### How we measure fair value of non-financial physical assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

Eastern Health assumes the current use reflects highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Eastern Health perform a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment).

Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded.

Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, Eastern Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

*AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities amended AASB 13 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 (whichever is earlier).

An independent valuation of Eastern Health non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2025 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, Eastern Health will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). Eastern Health does not expect the impact to be material to the financial statements.

There were no changes in valuation techniques throughout the period to 30 June 2025.

#### Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach.

Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of the valuation is 30 June 2024.

Continued on page 116

**Note 7.4: Fair value determination (continued)**

**Note 7.4 (a): Fair value determination of non-financial physical assets (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, Eastern Health held Crown Land. The nature of this asset means that there are certain limitations and restrictions imposed on its use and/or disposal that may impact its 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. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

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. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Eastern Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Eastern Health's specialised land was performed by the Valuer-General Victoria. The effective date of the valuation was 30 June 2024.

**Vehicles**

Eastern Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by Eastern Health which sets relevant depreciation rates during use to reflect the consumption of the vehicles.

As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

**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 other than as part of a going concern, the current replacement cost is used to

## Note 7.4: Fair value determination (continued)

### Note 7.4 (a): Fair value determination of non-financial physical assets (continued)

#### Reconciliation of Level 3 fair value measurement

	NOTE	LAND \$'000	BUILDINGS \$'000	PLANT, EQUIPMENT, FURNITURE, FITTINGS AND VEHICLES \$'000
<b>Balance at 1 July 2023</b>		<b>183,607</b>	<b>919,155</b>	<b>56,210</b>
Additions/(Disposals)		-	5,997	11,790
Net Transfers Between Classes		29	87,934	15,718
• Depreciation and Amortisation		(1,244)	(62,161)	(16,635)
• Revaluation		(20,641)	417,844	-
<b>Balance as at 30 June 2024</b>	7.4(a)	<b>161,751</b>	<b>1,368,769</b>	<b>67,083</b>
Additions/(Disposals)		(2,214)	66,726	12,195
Net Transfers between Classes		-	-	
• Depreciation and Amortisation		(1,360)	(86,461)	(19,974)
• Revaluation		-		
<b>Balance as at 30 June 2025</b>	7.4(a)	<b>158,177</b>	<b>1,349,034</b>	<b>59,304</b>

(Classified in accordance with the fair value hierarchy – refer Note 7.4)

#### Fair value determination of level 3 fair value measurement

ASSET CLASS	LIKELY VALUATION APPROACH	SIGNIFICANT INPUTS (LEVEL 3 ONLY) <sup>(i)</sup>
Non-specialised land	Market approach	n.a.
Specialised land (Crown / Freehold)	Market approach	Community service obligations adjustments (a)
Non-specialised buildings	Market approach	n.a.
Specialised buildings	Current replacement cost approach	<ul style="list-style-type: none"> <li>• Cost per square metre</li> <li>• Useful life</li> </ul>
Plant, equipment, furniture, fittings and vehicles	Current replacement cost approach	<ul style="list-style-type: none"> <li>• Cost per unit</li> <li>• Useful life</li> </ul>

(i) A Community Service Obligation (CSO) of 20% was applied to the health service's specialised land classified in accordance with the fair value hierarchy.

# 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: Reconciliation of net result to net cash flows from operating activities
- 8.2: Responsible persons' disclosures
- 8.3: Remuneration of executive
- 8.4: Related parties
- 8.5: Remuneration of auditors
- 8.6: Events occurring after the balance sheet date
- 8.7: Equity

## Note 8.1: Reconciliation of net result to net cash flows from operating activities

	NOTE	2025 \$'000	2024 \$'000
<b>Net Result For The Period</b>		<b>(54,853)</b>	<b>(100,043)</b>
<b>Non-Cash Movements</b>			
(Gain)/Loss on sale or disposal of non-financial assets		(106)	(122)
Depreciation of Non-Current Assets	4.3	103,010	84,585
Amortisation of Non-Current Assets	4.3	4,609	4,735
Assets and services received free of charge		(826)	294
Loss allowance for receivables		1,780	1,870
(Gain)/Loss on revaluation of long service leave liability		(610)	(5,624)
Capital Grant - Indirect Contribution by Department of Health		(30,097)	(7,004)
Discount (interest) / expense on loan		85	128
Other non-cash movements		(13,744)	(11,211)
<b>Movements in Assets and Liabilities</b>			
(Increase)/Decrease in Receivables and Contract Assets		(8,111)	27,020
(Increase)/Decrease in Inventories		1,219	3,272
(Increase)/Decrease in Prepaid Expenses		(1,781)	(4,447)
Increase/(Decrease) in Payables and Contract Liabilities		(9,102)	(30,566)
Increase/(Decrease) in Employee Benefits		23,457	33,465
Increase/(Decrease) in Other Provisions		1,804	4,546
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>		<b>16,734</b>	<b>898</b>

## Note 8.2: Responsible persons' disclosures

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

	PERIOD
<b>RESPONSIBLE MINISTERS</b>	
<b>The Honourable Mary-Anne Thomas MP</b>	
Minister for Health	1/07/2024 - 30/06/2025
Minister for Health Infrastructure	1/07/2024 - 19/12/2024
Minister for Ambulance Services	1/07/2024 - 30/06/2025
<b>The Honourable Ingrid Stitt MP</b>	
Minister for Mental Health	1/07/2024 - 30/06/2025
Minister for Ageing	1/07/2024 - 30/06/2025
<b>The Honourable Lizzy Blandthorn MP</b>	
Minister for Children	1/07/2024 - 30/06/2025
Minister for Disability	1/07/2024 - 30/06/2025
<b>The Honourable Melissa Horne MP</b>	
Minister for Health Infrastructure	19/12/2024 - 30/06/2025
<b>GOVERNING BOARD</b>	
Mr Tass Mousaferiadis	1/07/2024 - 30/06/2025
Ms Anna Lee Cribb	1/07/2024 - 30/06/2025
Ms Sally Freeman	1/07/2024 - 30/06/2025
Mrs Penny Hutchinson	1/07/2024 - 30/06/2025
Mr Terry Symonds	1/07/2024 - 30/06/2025
Dr Bob Mitchell AM	1/07/2024 - 30/06/2025
Mr Joseph Morrison	1/07/2024 - 30/06/2025
Professor Ross Coppel	1/07/2024 - 30/06/2025
Dr Angela Williams	1/07/2024 - 30/06/2025
<b>ACCOUNTABLE OFFICER</b>	
David Plunkett (Chief Executive Officer)	1/07/2024 - 30/06/2025

**Note 8.2: Responsible persons' disclosures (continued)**

**Remuneration of responsible persons**

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

	NO. OF DIRECTORS AND ACCOUNTABLE OFFICER	
	2025	2024
<b>Income Band</b>		
\$30,000 - \$39,999	1	1
\$40,000 - \$49,999	7	7
\$80,000 - \$89,999	-	1
\$90,000 - \$99,999	1	-
\$540,000 - \$549,999	-	1
\$570,000 - \$579,999	1	-
<b>Total Responsible Persons</b>	<b>10</b>	<b>10</b>
	2025 \$'000	2024 \$'000
<b>TOTAL REMUNERATION RECEIVED OR DUE AND RECEIVABLE BY RESPONSIBLE PERSONS FROM EASTERN HEALTH:</b>	<b>1,027</b>	<b>1,027</b>

Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

## Note 8.3: Remuneration of executives

### Executive officers' remuneration

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

NOTE	2025 \$'000	2024 \$'000
<b>Remuneration of Executive Officers</b> <i>(incl. Key Management Personnel disclosed in Note 8.4)</i>		
Short-Term Benefits	3,081	3,387
Other Long-Term Benefits	491	61
Post-Employment Benefits	299	288
Termination Benefits	433	-
<b>TOTAL REMUNERATION</b>	<b>4,304</b>	<b>3,736</b>
<b>TOTAL NUMBER OF EXECUTIVES <sup>(i)</sup>:</b>	<b>14</b>	<b>13</b>
<b>TOTAL ANNUALISED EMPLOYEE EQUIVALENT <sup>(ii)</sup>:</b>	<b>8</b>	<b>11</b>

- (i) The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Eastern Health under AASB 124 Related Party Disclosures and are also reported within Note 8.4 Related Parties.
- (ii) Annualised employee equivalent is based on working 38 hours per week over the reporting period.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

#### Short-term employee benefits

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

#### Post-employment benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

#### Other long-term benefits

Long service leave, other long-service benefit or deferred compensation.

#### Other factors

Several factors affected total remuneration payable to executives over the year.

A number of employment contracts were completed and renegotiated, and a number of executive officers retired, resigned or were retrenched in the past year.

This has had a significant impact on remuneration figures for the termination benefits category.

## Note 8.4: Related parties

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

- all key management personnel (KMP) and their close family members and personal business interests;
- cabinet ministers (where applicable) and their close family members; and

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

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of Eastern Health, directly or indirectly.

### Key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Eastern Health are deemed to be KMPs. This includes the following:

NAME	POSITION	PERIOD
Mr Tass Mousaferiadis	Chair of the Board	Full Year
Ms Anna Lee Cribb	Board member	Full Year
Ms Sally Freeman	Board member	Full Year
Mrs Penny Hutchinson	Board member	Full Year
Dr Bob Mitchell AM	Board member	Full Year
Professor Ross Coppel	Board member	Full Year
Mr Terry Symonds	Board member	1/7/2024 - 13/5/2025
Mr Joseph Morrison	Board member	Full Year
Dr Angela Williams	Board member	Full Year
Adjunct Professor David Plunkett	Chief Executive	Full Year
Ms Shannon Wight	Executive Director Clinical Operations	1/7/2024 - 27/1/2025
Dr Evan Newnham	Acting Executive Director Clinical Operations	28/1/2025 - 30/6/2025
Mr Adam Williams	Executive Director People and Culture	Full Year
Ms Rachel Meehan	Executive Director Strategy and Improvement	1/7/2024 - 17/7/2024
Ms Rachel Meehan	Executive Director Transformation, Chief Transformation Officer	18/7/2024 - 12/12/2024
Mr Paul Adcock	Executive Director Digital Health	1/7/2024 - 12/12/2024

Continued on page 123

**Note 8.4: Related parties (continued)**

<b>NAME</b>	<b>POSITION</b>	<b>PERIOD</b>
Mr Rohan Lovell	Executive Director Infrastructure and Support Services	1/7/2024 - 12/12/2024
Mr Rohan Lovell	Executive Director Infrastructure and Digital	13/12/2024 - 30/6/2025
Associate Professor Alison Dwyer	Executive Director Clinical Governance, Chief Medical Officer	Full Year
Mr Geoff Cutter	Executive Director Finance and Procurement, Chief Finance Officer and Chief Procurement Officer	1/7/2024 - 10/11/2024
Mr Craig Trenfield	Acting Executive Director Finance and Procurement, Chief Finance Officer and Chief Procurement Officer	11/11/2024 - 1/6/2025
Mr Rama Devarajan	Acting Executive Director Finance and Procurement, Chief Finance Officer and Chief Procurement Officer	2/6/2026 - 30/6/2025
Ms Ged Millard	Chief Allied Health Officer	1/7/2024 - 12/12/2024
Ms Ged Millard	Executive Director Allied Health Strategy, Improvement and Experience	13/12/2024 - 30/6/2025
Professor Philippa Blencowe	Chief Nursing and Midwifery Officer	1/7/2024 - 12/12/2024
Professor Philippa Blencowe	Acting Executive Director Nursing and Midwifery, Support Services and RACS	13/12/2024 - 30/6/2025
Associate Professor Paul Buntine	Acting Executive Director Eastern Health Institute	1/7/2024 - 12/12/2024
Ms Toni Gutschlag	Executive Director Mental Health and Clinical Support	1/7/2024 - 12/12/2024
Ms Toni Gutschlag	Executive Director Mental Health, Clinical Support and Transformation	13/12/2024 - 30/6/2025

**Note 8.4: Related parties (continued)**

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

	2025 \$'000	2024 \$'000
<b>Compensation - KMPs</b>		
Short-Term Employee Benefits	4,015	4,296
Other Long-Term Benefits	510	79
Post-employment Benefits	373	357
Termination Benefits	433	-
<b>TOTAL COMPENSATION <sup>(i)</sup></b>	<b>5,331</b>	<b>4,732</b>

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

**Significant transactions with government related entities**

Eastern Health received funding from the Department of Health of \$1,419 million (2023/24 \$1,324 million) and indirect contributions of \$1.4 million (2023/24 \$2.2 million). The net balance owed by the DH at 30 June 2025 is \$Nil (2024: NIL).

At year end, the Long Service Leave funding receivable from the DH is \$98.077 million (2024: \$86.871 million).

Expenses incurred by Eastern Health in delivering services and outputs are in accordance with HealthShare Victoria requirements.

Goods and services including procurement, diagnostics, patient meals and multi-site operational support are provided by other Victorian health service providers on commercial terms.

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

The Standing Directions of the Minister of Finance require Eastern Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements.

All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

**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 Eastern Health, there were no related party transactions that involved key management personnel, their close family members or their personal business interests.

No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: none).

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

## Note 8.5: Remuneration of auditors

	2025 \$'000	2024 \$'000
<b>Victorian Auditor-General's Office</b>		
Audit of Eastern Health's Financial Statements	140	160
<b>TOTAL REMUNERATION OF AUDITORS</b>	<b>140</b>	<b>160</b>

## Note 8.6: Events occurring after the balance sheet date

There are no events occurring after the Balance Sheet date.

## Note 8.7: Equity

### Contributed capital

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 Eastern Health.

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

### Property, plant and equipment revaluation reserve

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/ (deficits) on derecognition of the relevant asset.

### Restricted specific purpose reserves

Restricted specific purpose reserves are funds where Eastern Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds.

# GLOSSARY AND INDEX

## Glossary


ACHS	Australian Council on Healthcare Standards
Acute episode	A rapid onset and/or short course of illness
Acute hospital	Short-term medical and/or surgical treatment and care facility
Agpar score	A measure of the physical condition of a newborn baby
Allied health	Allied health professionals provide clinical healthcare, such as audiology, psychology, nutrition and dietetics, occupational therapy, orthotics and prosthetics, physical therapies including physiotherapy; speech pathology and social work
Ambulatory care	Care given to a person who is not confined to a hospital/requiring hospital admission but rather is ambulatory and literally able to “ambulate” or walk around
BAU	Business as usual
CCTV	Closed circuit television
CSIRO	Commonwealth Scientific and Industrial Research Organisation
Discharge	Discharge is the point at which a patient leaves the health service and either returns home or is transferred to another facility, such as a nursing home
DRG	Diagnosis Related Group
DVA	Department of Veterans’ Affairs
Chronic condition	An illness of at least six months’ duration that can have a significant impact on a person’s life and requires ongoing supervision by a healthcare professional
Eastern@Home	Service that provides care in the comfort of a patient’s home or other suitable location. Clients are still regarded as hospital inpatients and remain under the care of a hospital clinician. Care may be provided by nurses, doctors or allied health professionals.
Emergency triage	There are five defined triage categories, determined by the Australasian College of Emergency Medicine, with the desirable time when treatment should commence for patients in each category who present to an emergency department: <b>Category 1:</b> Resuscitation; seen immediately <b>Category 2:</b> Emergency; seen within 10 minutes <b>Category 3:</b> Urgent; seen within 30 minutes <b>Category 4:</b> Semi-urgent; seen within one hour <b>Category 5:</b> Non-urgent; seen within two hours
Emission	Output or discharge, as in the introduction of chemicals or particles into the atmosphere
EMR	Electronic Medical Record
EQulP National Standards	Four-year accreditation program for health services that ensures a continuing focus on quality across the whole organisation
Every Minute Matters	This is the name given to a program of improvement initiatives
FOI	Freedom of information
FTE	Full-time equivalent

Gap analysis	Method of assessing the differences in performance to determine whether requirements are being met and if not, what steps should be taken to ensure they are met
GEM	Geriatric evaluation and management
GJ	Gigajoule
GST	Goods and services tax
ICT	Information and communication technology
ICU	Intensive care unit
Inpatient	A patient whose treatment needs at least one night's admission in an acute or subacute hospital setting
KgCO <sub>2</sub> e	Equivalent kilograms of carbon dioxide
kL	Kilolitre
LGBTIQ	Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning
m <sup>2</sup>	Square metres
MRI	Magnetic resonance imaging
MWh	Megawatt hour
NDIS	National Disability Insurance Scheme
NAATI	National Accreditation Authority for Translators and Interpreters
NSQHS Standards	National Safety and Quality Health Service Standards
OBD	Occupied bed day
Occasions of service	Hospital contact for an outpatient, either through an on-site clinic or home visit
OHS	Occupational health and safety
Outlier	A hospital that has a statistically significantly higher infection rate for a particular surgical procedure group compared to the VICNISS five-year aggregate for that procedure (includes all contributing hospitals in Victoria). Testing for statistical significance is performed each quarter but is based on data from the most recent two quarters (six months).
Outpatient	A person who is not hospitalised overnight but who may visit a hospital, clinic or associated facility, or may be visited in the home by a clinician for diagnosis, ongoing care or treatment
OVA	Occupational violence and aggression
Planned surgery	<p>Hospitals use urgency categories to schedule surgery to ensure patients with the greatest clinical need are treated first. Each patient's clinical urgency is determined by their treating specialist. Three urgency categories are used throughout Australia:</p> <p><b>Urgent:</b> Admission within 30 days or condition(s) has the potential to deteriorate quickly to the point it may become an emergency.</p> <p><b>Semi-urgent:</b> Admission within 90 days. The person's condition causes some pain, dysfunction or disability. It is unlikely to deteriorate quickly/unlikely to become an emergency.</p> <p><b>Non-urgent:</b> Admission sometime in the future (within 365 days). The person's condition causes minimal or no pain, dysfunction or disability. It is unlikely to deteriorate quickly/unlikely to become an emergency.</p>
Residential Inreach	Service that provides an alternative to emergency department presentations for clients in residential aged care facilities. It aims to support clients and staff to manage acute health issues when general practitioners or locums are unavailable.
SAB	Staphylococcus aureus bacteraemia
SAFE	Safe, Aggression Free Environment
Seclusion event	This is the sole confinement of a person to a room or other enclosed space from which it is not within the control of the person confined to leave
Separations	Discharge from an outpatient service
Subacute illness	A condition that rates between an acute and chronic illness
Stakeholder	Any person, group or organisation that can lay claim to an organisation's attention, resources or output, or is affected by that output
TAC	Traffic Accident Commission
Terms of reference	Describes the purpose and structure of a committee, or any similar collection of people, who have agreed to work together to accomplish a shared goal
VAGO	Victorian Auditor-General's Office
VICNISS	Victorian Healthcare Associated Infection Surveillance System. The "N" stands for a word derived from Greek "nosocomial" meaning "originating in a hospital".
YTD	Year to date


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Eastern Health  
Foundation

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## Publications

All of Eastern Health's publications are available electronically via our website at [www.easternhealth.org.au](http://www.easternhealth.org.au)



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Contact one of our Patient Relations Advisors on 03 8804 0465. Patient Relations Advisors are available Monday to Friday from 9am to 3pm



Send an email to [feedback@easternhealth.org.au](mailto:feedback@easternhealth.org.au)



Write to us at:  
The Centre for Patient Experience  
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