GV Health

ANNUAL REPORT

2024-25

www.gvhealth.org.au

Goulburn Valley (GV) Health acknowledges the Traditional Custodians of the land on which its many sites are located. We pay our respects to their Elders past and present and celebrate the continuing culture of Aboriginal and Torres Strait Islander peoples. We would also like to acknowledge the Aboriginal and Torres Strait Islander people who are receiving care in our services.

RELEVANT MINISTERS

The responsible Minister during the reporting period was:

MINISTER FOR HEALTH
MINISTER FOR AMBULANCE SERVICES

The Hon. Mary-Anne Thomas MP From 1 July 2024 to 30 June 2025

MINISTER FOR HEALTH INFRASTRUCTURE

The Hon. Mary-Anne Thomas	From 1 July 2024 to 19 December 2024
The Hon. Melissa Horne	From 19 December 2024 to 30 June 2025

MINISTER FOR MENTAL HEALTH
MINISTER FOR AGEING

The Hon. Ingrid Stitt From 1 July 2024 to 30 June 2025

MINISTER FOR DISABILITY/MINISTER FOR CHILDREN

The Hon. Lizzie Blandthorn From 1 July 2024 to 30 June 2025

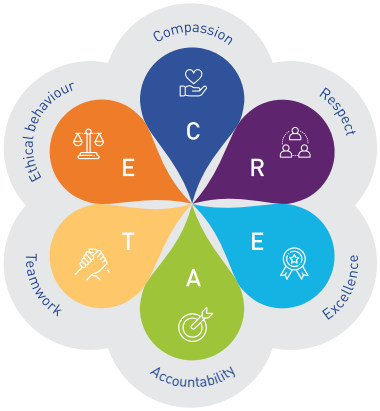
ABOUT THIS REPORT

GV Health is a public health service established under the *Health Services Act 1988* (Victoria).

GV Health reports on its annual performance in two separate documents each year.

This annual report fulfils the statutory reporting requirements for Government by way of an Annual Report.

The Annual Report will be presented at the Annual General Meeting and then made available to the community.



CREATE

TABLE OF CONTENTS

CHAIR REPORT

MICHAEL DELAHUNTY
BOARD CHAIR

It is my privilege to present this year's Annual Report on behalf of the GV Health Board of Directors. The past year has been one of continued growth, resilience and innovation for our health service. Amidst an ever-evolving healthcare landscape, our staff have remained committed to delivering safe, high-quality and compassionate care to every patient, client and resident who receives care and treatment.

We are very proud of the significant progress made in advancing clinical excellence, strengthening community partnerships and enhancing patient experience. From investing in new technologies to supporting staff wellness and education, our efforts in 2024/25 reflect a shared vision for long-term impact and sustainability.

We are now halfway through our *Strategic Plan 2024–2026*, and it is encouraging to see strong momentum across so many of our key priorities. Thank you to everyone who has played a part in bringing this important work to life. Your efforts are laying the foundation for long-term improvement and meaningful change.

A significant highlight this year was Euroa Hospital officially becoming part of GV Health. The successful transfer of the hospital from the former operator Euroa Health Incorporated marks a major milestone for our region. This transition secures the future of local hospital services in Euroa and the Strathbogie area, ensuring residents continue to have access to high-quality

care close to home. We acknowledge the commitment of all involved in supporting this outcome.

None of what GV Health is able to achieve would be possible without the extraordinary dedication of our frontline healthcare workers, support staff and leadership team lead by our Chief Executive Matt Sharp. Their commitment to service and excellence continues to inspire confidence and trust in the communities we serve.

As we look ahead, we remain focused on innovation and improving access to care. On behalf of the Board, thank you to all who have supported our purpose and strategic goals this year. Together, we are improving the health and wellbeing outcomes of people and communities who look to GV Health for their care.

MICHAEL DELAHUNTY
Board Chair, GV Health

SD 5.2.3 DECLARATION IN THE REPORT OF OPERATIONS

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

MICHAEL DELAHUNTY
Board Chair, Goulburn Valley Health
Shepparton
19 August 2025

CHIEF EXECUTIVE REPORT

MATT SHARP
CHIEF EXECUTIVE

I am honoured to present this year's Annual Report and to reflect on the progress we have made across our health service in 2024/25. This has been a year of significant achievement, marked by collaboration, improvement and a steadfast commitment to high-quality patient care and outcomes.

One of the most transformative milestones at GV Health this year was the successful implementation of a new Patient Administration System, integrated across 14 health services in the Hume Region. This system enhances our ability to provide seamless, coordinated care, improves data accuracy, and supports more efficient patient management across the region. It is a major step forward in modernising our digital systems and strengthening continuity of care.

We also secured funding and commenced the development of new staff accommodation, a critical investment in the wellbeing and retention of our workforce. Providing modern, accessible housing helps attract and support healthcare professionals, particularly in rural and regional settings, ensuring we can continue to deliver safe, consistent care into the future.

Another standout achievement this year was our successful National Safety and Quality Health Service Standards Accreditation, which we attained without any recommendations. This outcome is the result of many years of hard work, building reliable, sustainable quality and safety systems, and is a testament to the dedication and professionalism of our teams. It also affirms our commitment to maintaining the highest standards in patient safety, clinical governance, and quality care.

Our Intensive Care Unit also gained national training accreditation, enabling us to take our training future intensive care specialists locally to another level.

In addition to these clinical and operational advancements, we have also focused on enhancing the emotional and spiritual wellbeing of those in our care. We have introduced a new Spiritual Care Service, which offers holistic, person-centred support that values each individual's unique beliefs, experiences, and needs, and is available to patients, their families, and staff.

These accomplishments reflect the collective efforts of GV Health's incredible staff, who continue to meet challenges with tenacity and resolve. I am deeply proud of what we've achieved together and grateful for the ongoing support of our community and Board.

As we look ahead, we remain focused on expanding access to care, embracing digital transformation and fostering a safe, inclusive environment for both patients and staff. Thank you to everyone who contributes to our shared purpose and objectives. We are stronger, more connected and more prepared for the future than ever before.

STAFF SERVICE RECOGNITION MILESTONES

This year we celebrated a number of GV Health staff reaching exciting service milestones.

There were:

- 28 staff recognised for 25 years of service;
- 7 staff recognised for 30 years of service;
- 14 staff recognised for 35 years of service;
- 3 staff recognised for 40 years of service; and,
- 2 staff recognised for 45 years of service.

On behalf of GV Health, including past Chief Executives, Board Directors and all staff, I would like to again congratulate everyone who passed a significant service milestone this year.

REDEVELOPMENT UPDATE

Work on the redevelopment and refurbishment of GV Health's Shepparton Hospital has continued in 2024/25, in line with our redevelopment masterplan. Compliance works within the Medical Ward and around the Graham Street campus have been completed, as well as the refurbishment of the staff dining room and Minya Barmah Room. Work on new staff accommodation is now well underway.

A variety of other ongoing and upcoming capital projects have been funded by the Victorian Government including:

- Expansion of existing mental health facilities
- Development of an early parenting centre
- Upgrade of security swipe cards and doors across Graham St campus
- Upgrade of infrastructure at Euroa campus
- Mental health renewal projects
- Miscellaneous compliance works—new medical waste storage, kitchen refrigeration upgrades, road resurfacing, updating signage and wayfinding updates across Grahams St campus

GV Health continues to work with the Department of Health and the Victorian Health Building Authority to progress planning for the completion of the Shepparton Hospital masterplan and other critical projects including:

- An Integrated Cancer Centre at Shepparton Hospital
- Upgrades to corridor spaces
- Refurbishment of building C to allow for Acute Care and Medical Day Stay
- Emergency Department (ED) waiting room/triage refurbishment

GV Health is grateful for the support of the Victorian Government funding to enable a range of capital and infrastructure projects.

STAFF ANNUAL AWARDS

Several staff members were recognised at the 2024 Annual General Meeting for their outstanding contribution to GV Health, with the following awards announced:

Board Chair Award—Excellence in Consumer Experience
Tia Smith, Clinical Nurse Specialist

Chief Executive Award—iving the Values
Sharon Clark, Alcohol and Other Drugs Intake and Administration Clinician

CREATE. Outstanding. Award
Kim Read, Divisional Operations Director—Medical and Critical Care

CREATE. Outstanding. Award
Euroa Transition Team

Health, Safety & Wellbeing Representative of the Year
Janine Solomon, Mary Coram Unit

Community Advisory Committee Award: Patient Centred Care
Dr Mohammoud AlBonajem, Intern

Community Advisory Committee Award: Consumer Participation in Quality Improvement
Mental Health Lived Experience Team

CREATE. Outstanding. Nursing and Midwifery Award
Tanya Kuiper, Safety, Quality and Experience Manager

I also wish to thank Board Chair Michael Delahunty and the Board of Directors for their support, expertise and advice, the executive team, the broader leadership team and indeed all staff and volunteers.

MATT SHARP
Chief Executive
19 August 2025

ABOUT US

WHO WE ARE

GV Health is the main health service in the Goulburn Valley.

Our services include a 24-hour Emergency Department, Surgery, Medical Services, Women's and Children's Services, Rehabilitation and Palliative Care, Mental Health, Outpatients, community-based health programs and services at Tatura, Rushworth and Euroa.

We pride ourselves on delivering person-centred care and we aim to enhance patient experience through improved service access, developing partnerships, meeting growth in demand, implementing innovative service models and ensuring workforce flexibility.

GV Health has more than 3,000 staff across six main sites, as of 30 June 2025. Our people are highly skilled and we are the largest permanent employer in the Goulburn Valley.

OUR HISTORY

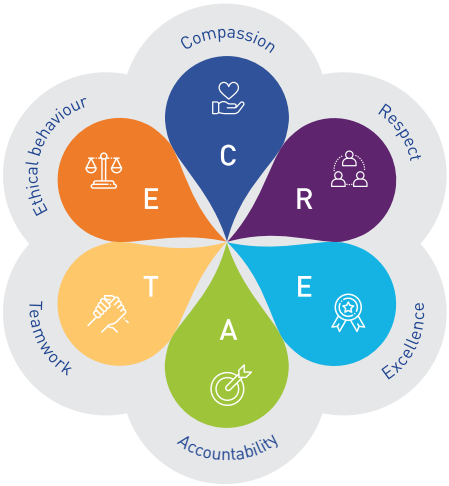
Goulburn Valley Base Hospital was established in 1876 as the Mooroopna and District Hospital and was incorporated by authority of the *Hospitals and Charities Act* (No. 6274) on 24 February 1877. The name of the hospital was changed on 2 November 1997 to Goulburn Valley Base Hospital. On 16 November 1998, the service received formal approval to change its name to Goulburn Valley Health, to better represent the wide range of hospital and community-based services we provide across the Hume region.

OUR PURPOSE

Our purpose is to significantly improve the health and wellbeing outcomes and experiences of the people and communities in our care.

OUR VALUES

Our culture consists of our CREATE values and behaviours, through which we commit to delivering ongoing quality healthcare for our community. Our CREATE values and behaviours are the foundations for our five strategic pillars and for achieving our goals.



CREATE

OUR STRATEGIC PLAN

During 2024-2025, GV Health made significant progress to deliver on its *Strategic Plan 2024-26*. Since commencing its strategy realisation program, more than sixty strategic initiatives have been identified and commenced, reflecting the breadth and depth of work underway across all five strategic pillars.

During the 2024/25 financial year, around half of all initiatives have either been successfully completed or embedded into ongoing business operations and continuous improvement efforts.

Highlights include:

- The full integration of Euroa Hospital into GV Health's operations, securing local hospital, urgent care and other critical services for Euroa and surrounding communities (Pillar 1—Health and Wellbeing Outcomes)
- Introducing new models of care for planned surgery, to reduce waiting times and improve patient experience (Pillar 2—Community and Consumer Experience)
- Almost halving GV Health's workforce vacancy rate through careful planning and targeted recruitment, reducing pressure on our people, and improving access to care (Pillar 3—Our Workforce)
- Installation of new renewable energy generation capacity (solar) across multiple GV Health sites reducing environmental impact and energy costs (Pillar 4—Responsible Workplace)
- Completion of the Minya Barmah Room refurbishment, a welcoming space where Aboriginal and Torres Strait Islander patients, families, and carers can have a yarn and a cuppa, visit, and wait for their loved ones (Pillar 5—Health Equity)
- Connecting all health services in the Hume region through the rollout of a single new Patient Administration System, improving access to care for patients across the region (Critical Strategic Enabler)

GV Health has also made significant progress developing a more robust strategic outcomes framework, to strengthen the way we measure performance and impact. This framework will establish clear links between strategic priorities, intended outcomes, performance indicators and initiatives, enabling better organisational alignment, improved oversight and planning, and more informed decision-making.

ABOUT US

OUR PATIENTS AND COMMUNITY

GV Health's primary catchment includes the local government areas of Greater Shepparton (population of 69,135)[1] Moira (population of 30,522)[2] and Strathbogie (approximately 11,500)[3]. Our total catchment stretches into Southern New South Wales and the overall catchment population is approximately 150,000 people. GV Health's secondary catchment includes Benalla, Mansfield and the south eastern portions of Campaspe Shire.

As more people move to Greater Shepparton for the lifestyle and opportunities available in the region, GV Health's catchment population in Greater Shepparton alone is expected to increase 81,905 by 2036.[1]

Our primary catchment is one of the most vibrant culturally and linguistically diverse communities in Victoria. The Greater Shepparton community also includes the largest regional population of Aboriginal and Torres Strait Islander people (3.9%) and a significant number of people born overseas (17.4%).[1]

OUR SERVICES

GV Health is a multi-campus health service, providing a broad range of hospital, aged care and community-based health services throughout the Goulburn Valley.

The main campus is located at Graham Street, Shepparton, providing emergency services, intensive care, outpatients, medical, surgical, paediatric, obstetric, dental, palliative, oncology, mental health, aged care, rehabilitation, medical imaging, pathology, pharmacy and related allied health and community healthcare services. GV Health has a community health facility in Corio Street, Shepparton which provides a range of wellbeing programs focused on prevention.

The Tatura campus includes the Tatura Hospital and Parkvilla Aged Care residential facility, and provides 15 aged care beds, as well as 8 acute beds. The Rushworth campus is known as Waranga Health. It provides 36 aged care beds, four acute beds, and a district nursing service. Euroa hospital provides 12 acute care beds, medical imaging and urgent care services.

Number of beds	2024/25
All acute (includes Shepparton, Tatura, Rushworth and Euroa)	229
Acute (Shepparton campus only)	205
Aged Care Residential	71
Mental Health (Acute and Community)	20
Prevention and Recovery Care Service and	20
Supported Residential Rehabilitation Program	20
Sub-acute (includes Mary Coram Unit and Mary Coram Unit at Home)	**48**

GV Health is focused on all stages of health care from prevention (health promotion and education), through to assessment, early intervention and treatment. An overview of these services is provided below.

ABORIGINAL HEALTH

- Aboriginal Liaison Officers (ALOs)
- Aboriginal Health Transition Officer (ATHO)
- Mental Health Aboriginal Liaison Officer (MHALO)

AGED CARE

- Aged Care Assessment Services (ACAS)
- Aged Care Homes:
  - Grutzner House
  - Parkvilla Aged Care Facility
  - Waranga Health
- Geriatric Evaluation Management
- Geri-Connect
- Home Care Packages
- Residential In-Reach
- Respite Care

ALCOHOL AND DRUG SERVICE

- Care and Recovery Coordination
- Counselling
- Non-residential Withdrawal Service
- Therapeutic Day Rehabilitation

ALLIED HEALTH AND RURAL ALLIED HEALTH SERVICES

- Dietetics and Nutrition
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

CANCER AND WELLNESS CENTRE

- Inpatient and Outpatient Services:
  - Oncology
  - Haematology
  - Chemotherapy
- Supportive Treatments
- Specialised Nursing Services
- Referrals
- Clinical Trials

CENTRE AGAINST SEXUAL ASSAULT

- Referral and Intake Services
- Therapeutic Counselling
- 24/7 Crisis Care Response
- Outreach Services
- Education and Training
- Secondary Consultations

COMMUNITY HEALTH SERVICES

- Acquired Brain Injury Programs
- Community Health:
  - Audiology
  - Paediatric Asthma Communication Education (PACE)
  - Sexual Health Nursing

[1] *Population References: Greater Shepparton City Council Annual Report 2023-24*

[2] *Population References: Moira Shire Annual Report 2023-24 4*

[3] *Population References: Strathbogie Shire Council Annual Report 2023-24*

- Care Coordination:
  - Post-Acute Care Program
  - Hospital Admission Risk Program—Emergency Department (HARP-ED)
- Community Interlink:
  - Home Care Packages
  - National Disability Insurance Services
- Home Nursing Services:
  - District Nursing Service
  - Hospital in the Home (HITH)
  - Regional Continence Service
- Self-Management Support
- Rural Allies Health service

DENTAL
- Emergency Dental Care
- General Dental Care
- Patient Referrals
- Dental and Oral Health Student Services

DIABETES CENTRE
- Assessment and Advisory
- Shared Care
- Gestational Diabetes
- Referrals
- Specialist Clinic Services:
  - Multidisciplinary Diabetes (MDD)
  - Nurse Practitioner Advance Assessment Clinic
  - Insulin Pump and Continuous Glucose Monitoring System Clinic
  - High Risk Foot Clinic

DIALYSIS
- Referrals
- Haemodialysis and peritoneal dialysis

EMERGENCY DEPARTMENT
- Critical Care
- Emergency Services
- After hours Hospital Management

EUROA HOSPITAL
- Urgent Care Centre
- Acute Hospital Admissions
- Medical Imaging

IMAGING AND X-RAY
- Fluoroscopy
- CT Scanning
- MRI
- Ultrasound
- Nuclear Medicine
- X-Ray
- Mammography

MENTAL HEALTH SERVICES
- Adult Inpatient Service
- Women's Recovery Network (WREN)
- Hospital Outreach Post-Suicide Engagement Program
- Wanyarra Acute Inpatient Unit
- Aged Persons Service
- Child and Youth Mental Health Service
- headspace

OUTPATIENTS REHABILITATION
- Transition Care Program and Restorative Care
- Hospital Admission Risk Programs (HARP) Disease Management
- Chronic Pain Clinic
- Dementia Diagnostic Service (Cognitive Dementia and Memory Service)
- Continence Clinic
- Falls and Balance Clinic
- Movement Disorder Clinic
- Neuropsychology
- Psychology
- Exercise Physiology

PALLIATIVE CARE

SHEPPARTON HOSPITAL WARDS / UNITS
- Acute Surgical Unit
- Child and Adolescent Services
- Critical Care Unit
- Mary Coram Unit
- Medical Day Stay
- Medical Ward
- Respiratory Ward
- Surgical Unit
- Short Stay Unit

SPECIALIST CONSULTING
- Orthopaedic Services
- Surgical Services
- Paediatric Services
- Women's Health Services
- Medical Services
- Ear, Nose and Throat Services
- Telehealth

TATURA HOSPITAL
- Acute Hospital Admissions
- Palliative Care
- Pathology
- Podiatry
- Transition Care Program
- Medical Imaging

WOMEN AND CHILDREN'S HEALTH
- Antenatal Clinic
- Child and Adolescent Services
- Gynaecology
- Midwifery Services
- Maternal and Foetal Assessment Unit (MAFA)
- Paediatric Outpatient Services
- Lactation Clinic
- Breast Clinic
- Children's Allergy Clinic
- Public Fertility Care Clinic

OTHER SERVICES
- Cardiac Diagnostics
- Home Enteral Nutrition
- Pathology
- Pharmacy
- Renal
- Service Access Unit
- Health Promotion:
  - Smiles 4 Miles Program
  - Act-Belong-Commit Campaign

BOARD DIRECTORS

BOARD OF DIRECTORS AND SUB-COMMITTEE MEMBERSHIP (2024/25)

BOARD OF DIRECTORS
Michael Delahunty (Chair)
Nicole Inglis (Deputy Chair)
Cathy Jones
Dr Richard King AM
Dr Julia Cornwell McKean
Michael Milne
Michael Tehan OAM
Victor Sekulov
Prof Wanda Stelmach

AUDIT AND RISK
Michael Tehan OAM (Chair)
Michael Delahunty
Michael Milne
Victor Sekulov
Dr Julia Cornwell McKean

QUALITY COMMITTEE
Dr Richard King AM (Chair)
Michael Delahunty
Cathy Jones
Dr Julia Cornwell McKean
Prof Wanda Stelmarch

COMMUNITY ADVISORY COMMITTEE
Michael Delahunty
Nicole Inglis

PRIMARY CARE AND POPULATION HEALTH ADVISORY
Cathy Jones (Chair)
Michael Delahunty
Dr Richard King AM

FINANCE AND INFRASTRUCTURE
Victor Sekulov (Chair)
Michael Delahunty
Nicole Inglis
Michael Milne
Michael Tehan OAM

PEOPLE AND WORKFORCE
Cathy Jones (Chair)
Michael Delahunty
Dr Julia Cornwell McKean
Prof Wanda Stelmach

GOVERNANCE AND CHIEF EXECUTIVE PERFORMANCE
Nicole Inglis (Chair)
Michael Delahunty
Dr Richard King AM

EXECUTIVE TEAM

MATT SHARP

CHIEF EXECUTIVE

B. Nursing (Hons), Post Grad Dip (Critical Care Nursing), Masters of Business, GAICD, FACHSM

Matt Sharp has been the Chief Executive at GV Health since June 2018. Before commencing at GV Health, Mr Sharp held the position of Executive Director of Clinical Operations at Eastern Health.

During his time with GV Health, Mr Sharp has forged strong professional relationships within the community. He has worked with state and Federal Governments to secure funding for much-needed health services.

Mr Sharp has a clinical background in nursing. He has held various management and executive positions in rural, regional, and metropolitan areas.

Having previously worked at Rochester and Elmore District Health Service (REDHS), Mr Sharp understands the opportunities and challenges that come with working in a regional health service. Mr Sharp initially held the position of Director of Clinical Services at REDHS. He then served as the Chief Executive Officer for three years. Mr Sharp has also held an executive position at Echuca Regional Health.

Mr Sharp is passionate about public health and takes pride in being able to improve the safety, quality, and access to healthcare for everyone.

DR HUMSHA NAIDOO

CHIEF MEDICAL OFFICER

MBChB, MHSM, FRACMA, Juris Doctor, GAICD

Dr Humsha Naidoo commenced in the role as Chief Medical Officer (CMO) in February 2025.

Prior to commencing with GV Health, Dr Naidoo was Deputy CMO at Eastern Health. Dr Naidoo has previously held positions including CMO at Northern Health, CMO at La Trobe Regional Hospital, Director of Medical Services (DMS) at Gosford Hospital Central Coast Local Health District and CMO & Executive Director Clinical Support Services at Bendigo Health, as well as other senior management roles in large tertiary hospitals in Victoria and Queensland.

Dr Naidoo completed the Fellowship of the Royal Australasian College of Medical Administrators (RACMA) in 2004 and has extensive experience in strategic health service management with a particular interest in clinical governance, education, research and workforce planning. Dr Naidoo has also completed the Juris Doctor with distinction and is well versed in medicolegal issues, contract issues and risk management.

DONNA SHERRINGHAM

CHIEF OPERATING OFFICER / DIRECTOR OF NURSING (GRAHAM STREET CAMPUS)

Dip App Sci, RN, B Nursing, MHA, FACSHM

Donna Sherringham leads GV Health's clinical operations, overseeing medical, surgical, critical care, women's and children's health, pathology, pharmacy and radiology services. As a member of the Executive Committee, she plays a key role in shaping the organisation's strategic direction and ensuring the delivery of high-quality, patient-centred care.

A focus on bringing services locally has seen Ms Sherringham lead the expansion of specialist services, including the establishment of GV Health's Paediatric Allergy Clinic, which provides comprehensive care for children with allergic and immune conditions. She also oversaw the launch of a public IVF clinic in partnership with the Royal Women's Hospital, improving access to fertility services for families across the Goulburn Valley.

Ms Sherringham began her career as a Division 1 nurse and has held senior clinical roles across metropolitan and regional health services. She holds a Diploma of Applied Science, a Bachelor of Nursing from Monash University and a Master of Health Care Administration. Her deep commitment to regional healthcare is shaped by her upbringing in country New South Wales and her long-standing service to communities in Victoria.

JOSHUA FREEMAN

EXECUTIVE DIRECTOR COMMUNITY CARE AND MENTAL HEALTH / CHIEF ALLIED HEALTH OFFICER

BPharm, PGCertPharm (Otago), MBA (UniSA), SpecCertClinLead (Melb), GAICD, MPS, PHF

Joshua Freeman is the Executive Director of Community Care and Mental Health/Chief Allied Health Officer. He has a background in public and not-for-profit leadership roles.

Mr Freeman holds a Masters of Business Administration degree through the University of South Australia. Having trained as a pharmacist, he also holds a Bachelor of Pharmacy and Post Graduate Certificate in Pharmacy qualifications, both from the University of Otago (New Zealand). Recently, Mr Freeman completed a Specialist Certificate in Clinical Leadership through the University of Melbourne.

Mr Freeman has held leadership positions in pharmacy and allied health in New Zealand and Australia. Before joining GV Health, Mr Freeman was an Executive Director with Queensland Health. Mr Freeman understands governance structures in large organisations and has a passion for accessible health services. He is also passionate about transformational leadership and has interests in organisational culture.

KELLIE THOMPSON

EXECUTIVE DIRECTOR OF QUALITY, RISK AND INNOVATION / CHIEF NURSE AND MIDWIFERY OFFICER

MQS (Master Quality Services—Health and Safety), B.HlthSc (Nursing), RN, Grad Dip Gerontic Nursing, Dip Management, Grad Cert Health Systems Management

Ms Thompson is a motivated senior leader at GV Health with extensive experience in quality and risk as well as professional nursing practice. Ms Thompson has built a significant long-term career in quality to become the Executive Director of Quality, Risk and Innovation, providing strategic direction and development of all the quality and risk functions across the health service as well as the organisation's approach and system for improvement.

Ms Thompson is passionate about improving both consumer and workforce experiences and the safety and quality of services provided to the community in which she resides. A strong advocate for regional health, Ms Thompson drives the development of nursing and midwifery pathways that deliver a strong professional workforce, both now and in the future. Ms Thompson is an advocate for partnerships, collaboration and innovation and is an active member on both Victorian and regional committees.

KAREN LINFORD

CHIEF PEOPLE OFFICER

MBA, B.HlthSc (OT), GAICD

Karen Linford is the Chief People Officer. She joined GV Health in 2018 bringing a wealth of experience from previous senior roles at Austin Health and Early Childhood Management Services. Ms Linford holds an MBA from La Trobe University, a Bachelor of Health Science (Occupational Therapy), a diploma of frontline management and is a Prosci Certified Change Practitioner. Her collaborative approach and capacity to establish new service propositions has seen her lead high performing teams across a number of organisations.

Spearheading strategies for attracting, retaining and developing talented teams, Ms Linford has overseen major changes at large-scale healthcare providers. This includes overhauls of key organisational systems and elevating the performance of HR teams.

Prior to moving into people and culture related roles, Ms Linford worked as an Occupational Therapist in a variety of roles at Austin Health, Donvale Rehabilitation Hospital, Western Region Health Centre, Bendigo Health and the National Health Service (NHS) in the United Kingdom.

JASON WELLS

CHIEF FINANCE OFFICER / CHIEF PROCUREMENT OFFICER / EXECUTIVE DIRECTOR INFORMATION & TECHNOLOGY

BBus, CPA

Mr Wells commenced at GV Health in February 2024. He is responsible for overall financial management of the health service. Together with the finance portfolio, Mr Wells oversees payroll, health information services and information and communication technology portfolios as part of the directorate. Mr Wells is also the executive responsible for the Finance and Infrastructure and Audit and Risk Committees of the Board.

Previously, Mr Wells held senior finance roles within his 24 years at Bega Cheese, with his latest being General Manager Commercial Cold Chain Network. Mr Wells holds a Bachelor of Business from Charles Sturt University and is a Fellow of CPA Australia.

SHANE TREMELLEN

EXECUTIVE DIRECTOR CAPITAL PROJECTS, INFRASTRUCTURE AND SUPPORT SERVICES

BEng, MBA, GAICD

Shane Tremellen originally joined GV Health in 1994 as an engineering graduate from the University of Melbourne. Mr Tremellen worked in the Biomedical Engineering department in varying capacities where he attained a Master of Business Administration from La Trobe University.

Mr Tremellen chased his passion and moved to the Middle East for several years where he held senior roles on high-profile hospital construction projects in both Qatar and Kuwait. Subsequent to the funding announcement for the Graham Street Stage 1 Redevelopment, Mr Tremellen returned to his home town to focus on this particular project where he held the position of Director Redevelopment & Capital Projects.

Mr Tremellen was permanently appointed as Executive Director Capital Projects, Infrastructure & Support Services in 2022. During this time, he has overseen the completion of Shepparton Hospital Stage 1 Redevelopment, the Stage 2 Master planning, the Acute & Community Mental Health Redevelopment, Staff Accommodation, outh Prevention and Recovery Care and several other capital projects. Mr Tremellen also oversees the general Infrastructure and Corporate Support Services divisions, the latter including the supply department, contracts, security, environmental and food services.

EXECUTIVE TEAM

TIM CANNON

CHIEF CORPORATE AFFAIRS OFFICER

Juris Doctor, BCom

Tim Cannon leads the strategic engagement and corporate governance functions of the organisation, including government and stakeholder relations, Board governance, legal, communications, strategy and performance, and the GV Health Foundation.

Mr Cannon holds a Master of Laws (Juris Doctor) from Monash University and a Bachelor of Commerce from Sydney University, with extensive experience in commercial law, communications and engagement, and government relations.

Before joining GV Health, Tim practiced commercial law at Minter Ellison, and spent eight years in senior and leadership roles in the NSW Government, including as Executive Director of Stakeholder Engagement and Communications in the office of the NSW Premier.

ANDREW FREEMAN

EXECUTIVE DIRECTOR HUME HEALTH SERVICE PARTNERSHIP

BBUS(Acct), MBA, GAICD, ASA, AFCHSM, CHM

Andrew Freeman commenced as the Executive Director of the Hume Health Service Partnership in October 2021. The Hume Health Service Partnership was established on 1 July 2021 with the aim of enabling the public health services across the Region to work in collaboration on a number of strategic system priorities determined by the Victorian Government and local priorities agreed by the Hume Health Service Partnership members.

Mr Freeman has worked in the Victorian Public Health system for over 30 years and is a strong advocate for Rural and Regional Health. Mr Freeman has held a number of executive roles over the past twenty years and prior to commencing at GV Health, was the Chief Executive of East Grampians Health Service.

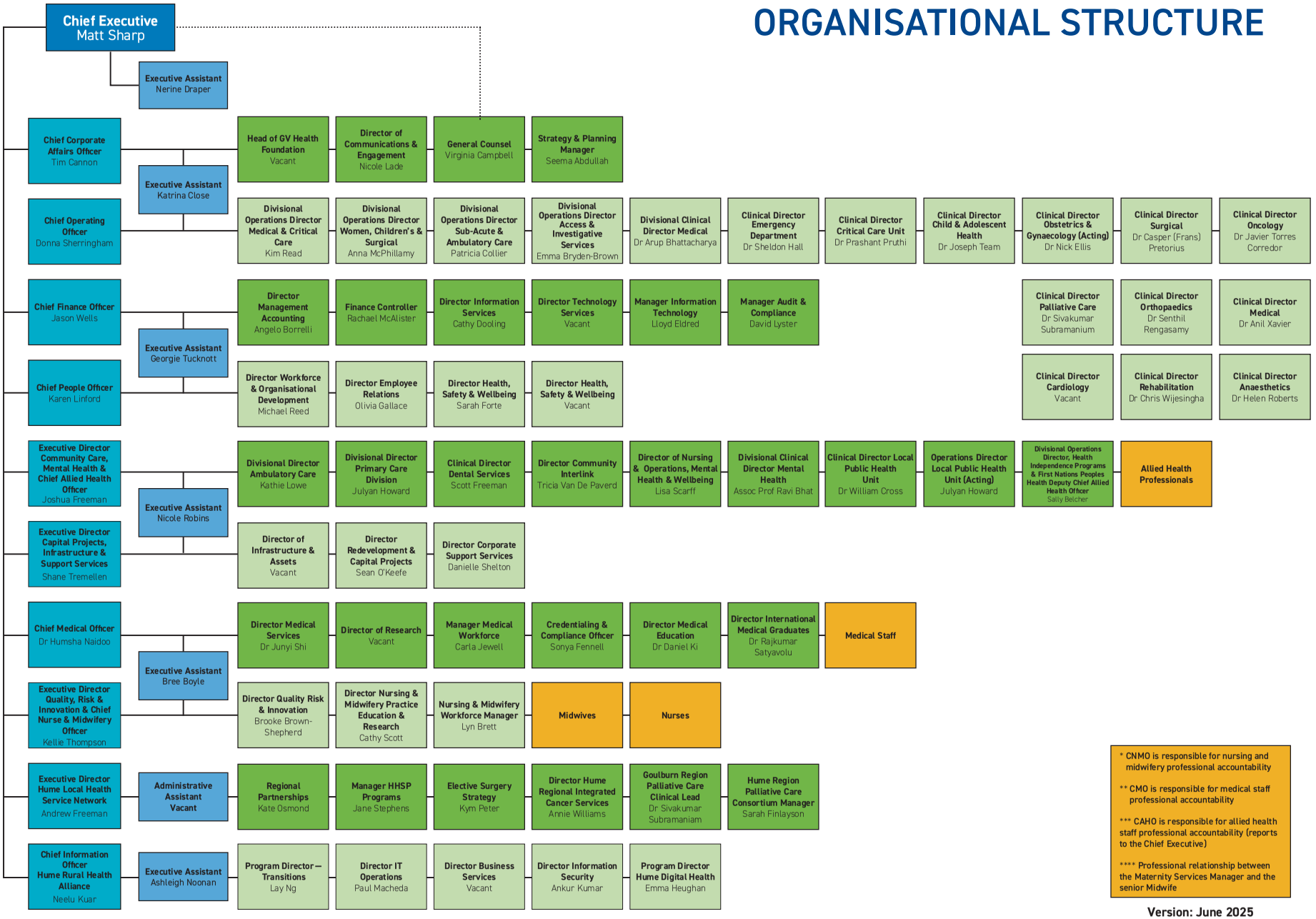
NEELU KAUR

CHIEF INFORMATION OFFICER OF THE HUME RURAL HEALTH ALLIANCE

Neelu Kaur is the Chief Information Officer of the Hume Rural Health Alliance. The Alliance provides technology services to 16 public hospitals and health services within the Hume region and provides alignment with the Victorian Digital Health Roadmap.

Ms Kaur brings over 17 years of leadership experience in the health, community services, not for profit and private sectors, mainly focussing on digital transformation, capability building and program delivery. Ms Kaur holds a Master of Information Systems from RMIT and Bachelor of Engineering in Computer Science.

ORGANISATIONAL STRUCTURE



* CNMO is responsible for nursing and midwifery professional accountability

** CMO is responsible for medical staff professional accountability

*** CAHO is responsible for allied health staff professional accountability (reports to the Chief Executive)

**** Professional relationship between the Maternity Services Manager and the senior Midwife

Version: June 2025

OUR CARE AT A GLANCE

42,605
PRESENTATIONS TO EMERGENCY DEPARTMENT (ED)

37,011
INPATIENT SEPARATIONS

2,286
ELECTIVE ADMISSIONS

12,365
AMBULANCE ARRIVALS TO ED

53,569
SPECIALIST CLINIC ATTENDANCES

952
BABIES BORN

OPERATIONAL HIGHLIGHTS

CLINICAL OPERATIONS

TIMELY EMERGENCY CARE COLLABORATIVE SHOWCASE

In July 2024, a team of 13 GV Health staff attended the Timely Emergency Care Collaborative (TECC) Showcase, *Celebrating the Improvement Journey*.

Chloe England highlighted the key achievements of our health service over the past 18 months and in particular the success achieved through engaging our frontline staff in the improvement work. Matt Sharp gave a presentation focused on the impacts of TECC, the points of difference between TECC and previous improvement projects and the legacy of the work at GV Health.

EUROA HOSPITAL

On 12 August 2024, Euroa Hospital officially became a campus of GV Health, offering acute care, an Urgent Care Centre and medical imaging services to the local community as part of the Victorian public health system. The successful transfer of Euroa Hospital from former operator Euroa Health Incorporated to GV Health secures local hospital services in Euroa for the long term.

More than 20 former Euroa Health Incorporated nursing and support staff transferred their employment to GV Health and continue at the Euroa Hospital. Euroa Hospital's day-to-day activities are overseen by Director of Nursing/Campus Manager, Stuart Riddett, who joined GV Health in May 2024.

NATIONAL NURSING FORUM 2024

In August 2024, five GV Health staff members attended the National Nursing Forum in Cairns. The National Nursing Forum is the Australian College of Nursing's annual leadership and educational event bringing together nurses, students and other health professionals from around the country and across the globe.

GV Health staff member Lyn Brett presented a poster on our *Person-Centred Approach to International Recruitment.*

NEW WOMEN'S HEALTH CLINIC

In October 2024, GV Health received funding to support the delivery of a new women's health clinic. The new clinic will address the unique health needs of women in the Goulburn Valley and remove some of the barriers local women face when trying to access specialist care.

SPC BUSINESS EXCELLENCE AWARDS

Congratulations to GV Health's winners at the Greater Shepparton 2024 Business Excellence Awards. On 25 October 2024, GV Health Prostate Cancer Specialist Nurse, Sonia Strachan, won the Excellence in Customer Service Award and GV Health Exercise Physiologist, James Lelliot, won the Young Professional of the Year Award.

MEDICINES MANAGEMENT CONFERENCE

In November 2024, members of GV Health pharmacy department attended the Medicines Management Conference in Adelaide, Australia's largest scientific pharmacy conference.

The GV Health Pharmacy Department had 4 abstracts accepted for poster presentations out of over 700 abstract submissions to the conference.

SPECIAL CARE NURSERY WINS LIFE'S LITTLE TREASURES READ-A-THON

In December 2024, GV Health's Special Care Nursery took out first prize in the Life's Little Treasures Foundation Read-a-thon, Most Books Read category. This was their third win in a row after winning last year's Most Minutes Read category and being runners up in 2022 in the special care division.

The nursery received books as prizes which were distributed to families of in-patients at Christmas time.

NEW DOCTORS IN TRAINING ADVISORY COMMITTEE

In April 2025, GV Health launched the Doctors in Training Advisory Committee for junior medical staff to raise issues with the Chief Medical Officer directly, and for updates to be provided back to the junior medical staff cohort.

SIP-TIL-SEND

In May 2025, GV Health implemented new pre-surgery fasting guidelines known as Sip-Til-Send. Most patients can now drink clear fluids right up until they're called into theatre. This change is designed to improve patient comfort and hydration and is backed by national and international research.

COLLEGE OF INTENSIVE CARE MEDICINE ACCREDITATION

In June 2025, GV Health's Intensive Care Unit officially received accreditation from the College of Intensive Care Medicine of Australia and New Zealand, a milestone that marks a significant step forward for the regional health service.

The accreditation means GV Health is now recognised as a training site where medical trainees can complete six months of their ICU training as part of their pathway to becoming intensive care specialists.

CANCER NURSES SOCIETY OF AUSTRALIA AND INTERNATIONAL SOCIETY OF NURSES IN CANCER CARE CONGRESS

Dedicated staff from GV Health Oncology and Hume Regional Integrated Cancer Service had an incredible time presenting, learning, and networking at the Cancer Nurses Society of Australia and International Society of Nurses in Cancer Care Congress held in Adelaide in June 2025.

GV Health staff members Eva Gauci, Rebecca McAllister and Kirsten Ives presented on *Enhanced Communication and Knowledge and Supportive Cancer Care Screening in Victoria.*

NEW PAEDIATRIC DIABETES CLINICS LAUNCHED AT GSSC

Greater Shepparton Secondary College (GSSC) students living with Type 1 diabetes, who would normally attend clinics at the Graham Street campus, now have easier access to care via a new service at the school. GV Health's GSSC clinic provides the same services as other diabetes clinics (including glycated haemoglobin checks) but greatly reduces the time commitment and inconvenience for students and their parents/guardians attending.

VICTORIAN PHARMACY STUDENT OF THE YEAR

Congratulations to GV Health pharmacy staff member, Emily Schreck, who was named the 2025 Victorian Pharmacy Student of the Year.

REGIONAL NURSE LINK PROGRAM WITH MYELOMA AUSTRALIA

Congratulations to GV Health Haematology Support Nurse, Eva Driver, who was selected to join the Regional Nurse Link Program with Myeloma Australia.

The program connects nurses from across Australia to improve support for regional and rural patients living with myeloma, a type of blood cancer.

2025 VICTORIAN RURAL HEALTH AWARDS

Congratulations to Dr Ruwangi Udayasiri, awarded for Outstanding Contribution by a Rural Medical Specialist at the 2025 Victorian Rural Health Awards.

Since joining GV Health in 2017, Dr Udayasiri has quickly become a vital advocate for women's health in the region.

WESTERN HEALTH NURSING AWARD

Congratulations to GV Health Clinical Nurse Specialist Theatre, Connie Zito, who was recognised by Deakin University in March 2025 with the Western Health Nursing Award.

The award is for outstanding achievement in the Perioperative Suite of Courses. Students are selected based on a combination of factors including demonstrated excellence and performance.

2024 LIVERWELL RECOGNITION AWARDS

Congratulations to GV Health staff, Suzanne Wallis and Vinay Menon, who were named dual winners at the 2024 LiverWELL Recognition Awards.

Suzanna and Vinay were recognised for their impact in reducing the burden of viral hepatitis or liver disease, inspiring others, and collaborating with LiverWELL.

ASIA PACIFIC PROSTATE CANCER CONFERENCE (APCC)

Congratulations to GV Health Prostate Cancer Specialist Nurse, Sonia Strachan, who was awarded the Helen Crowe Award at the 24th APCC.

Sonia presented on *Evaluation of a General Practitioner Androgen Deprivation Therapy Management Action Plan (GV Health Day Oncology Unit, A Five Year Review).*

ALLIED HEALTH, MENTAL HEALTH AND COMMUNITY HEALTH

ALLIED HEALTH RESEARCH SUPPORT

GV Health remains committed to fostering a culture of innovation and research within allied health, recognising its essential role in delivering high-quality care and improving health outcomes. Staff are supported to engage in research and quality improvement activities aligned with their roles, interests, and career goals. Key initiatives during this reporting period include:

- **Introduction to Research Program**
  A tailored initiative designed to build confidence and capability among allied health professionals to translate ideas into meaningful research. The program offers flexible, individualised mentorship, supporting participants regardless of prior research experience.
- **Introduction to Research ECHO**
  A virtual community of practice that supports research engagement and evidence translation into clinical care. The series is convened by the Allied Health Education and Research Unit in collaboration with Charles Sturt University, La Trobe University, and the University of Melbourne and is delivered by webinar.
- **Allied Health Education Support**
  GV Health continues to invest in the growth and development of our allied health workforce, recognising its critical role in delivering safe, high-quality care. We are committed to supporting staff in building the knowledge, capabilities, and competencies required for effective and sustainable healthcare leadership. GV Health increased allied health education capacity, successfully recruiting to interprofessional and discipline specific education roles.

During the current reporting period, a range of targeted educational and practice-based development opportunities were provided, including:

- **Transition to Practice Program**
  An interprofessional support initiative designed to complement discipline-specific supervision and align with organisational induction for new allied health graduates entering the public health system.
- **Beyond the Bedside**
  A flexible interprofessional program offering continued support for allied health professionals in their second year of public health practice, or those transitioning to hospital settings from other professional environments.
- **Transition to Grade 2 Capability Program**
  Designed to equip early-career professionals with the skills and knowledge required to succeed in Grade 2 roles. Aligned with the Allied Health Professionals Capability Framework, the program focuses on building capabilities that support career progression.

SILHOUETTE®

In 2025, GV Health introduced the Silhouette® wound monitoring system across our health service, including acute, aged care and community settings, to improve wound assessment and management.

Using 3D laser technology, Silhouette® provides precise wound measurements, tracks healing progress, and ensures consistent, accurate documentation. The new system integrates with patient's health records in storing and sharing wound data, enhancing clinical decision-making, supporting continuity of care and improving patient outcomes.

AGED CARE ASSESSMENT

As of 9 December 2024, the service previously known as Aged Care Assessment Service (ACAS) and Regional Assessment Service (RAS) successfully transitioned to a Single Assessment Workforce, known as *Aged Care Assessment—DH—Goulburn Valley Health—ACA—Hume Shepparton*. Changes to Aged Care Assessment have also included utilising a new Integrated Assessment Tool (IAT) since 1 July 2024, and transitioning to a new demand-based and unit price funding model. Assessment demand has exceeded predicted demand, and new positions have been created to meet Aged Care Assessment demand and support GV Health achieving assessment Key Performance Indicators.

PHARMACOTHERAPY SERVICES

In 2024/25, GV Health Alcohol & Drug Service was successful in securing Department of Health funding to introduce a pharmacotherapy service across the Goulburn region. This initiative is already delivering positive outcomes, providing timely

access to treatment and improving support for patients with opioid dependency. The additional resources have enhanced Goulburn Valley Alcohol & Drug service capacity, reducing wait times and supporting integrated, patient-centred care.

ADVANCED TRAINING POSITION IN ADDICTION MEDICINE

In April 2025, GV Health's Alcohol & Drug Service was accredited by The Royal Australasian College of Physicians to support an Advanced Training position in Addiction Medicine. This accreditation strengthens GV Health's capacity to develop local specialist expertise, supports succession planning for Addiction Medicine Specialists, and enhances our ability to provide sustainable, high-quality care to the community.

GV HEALTH ALCOHOL AND OTHER DRUGS NURSE PRACTITIONER

In 2024/25, the GV Health Alcohol and Other Drugs (AOD) Nurse Practitioner candidate was successfully endorsed by AHPRA as a Nurse Practitioner. The AOD Nurse Practitioner will deliver specialised alcohol and drug care to targeted patient groups, working within clinical guidelines and in collaboration with hospital, the community and specialist addiction teams.

This role strengthens integrated care across AOD service streams and the broader health system, including GPs, primary care providers, and rural hospitals. The AOD Nurse Practitioner will contribute across key clinical domains including direct care, system support, education, research, and leadership, enhancing service responsiveness and improving patient outcomes across the Goulburn Valley region.

NON-SURGICAL TREATMENT PATHWAYS

In 2024/25, GV Health introduced new non-surgical treatment pathways for conservative management of osteoarthritis and pre-habilitation for elective joint replacement surgery. These pathways include multidisciplinary clinics in exercise physiology, physiotherapy and dietetics.

220 patients participated in the new conservative management pathways. This resulted in a 50% reduction in referrals to the orthopaedics waitlist and 20% reduction to existing waitlist.

A funding submission to continue in 2025/26 was successful.

GOULBURN VALLEY CENTRE AGAINST SEXUAL ASSAULT RELOCATION

In January 2025, Goulburn Valley Centre Against Sexual Assault relocated to the new Shepparton Multidisciplinary Centre (MDC). The MDC aims to provide victim survivors of sexual violence with collaborative, trauma-informed, and coordinated services that promote their safety and recovery.

ADVANCED PRACTICE GASTROSTOMY DIETITIAN

In 2024/25, GV Health facilitated training and credentialing allowing a senior dietitian to undertake gastrostomy tube replacements in the Emergency Department and through scheduled outpatient appointments.

The introduction of a credentialled Advanced Practice Gastrostomy Dietitian role prevented 11 Emergency Department presentations, 13 surgical consultations and 11 community health appointments in 2024/25.

SPIRITUAL CARE COORDINATOR

In March 2025, GV Health welcomed Martins Aloga to the new position of Spiritual Care Coordinator.

Mr Aloga is developing spiritual care services at GV Health and working to build a team of volunteer Spiritual Care Providers from our local community. Over 30 local faith group leaders attended a welcome event in June 2025, with more than 10 submitting expressions of interest to join GV Health's volunteer Spiritual Care Services workforce.

GOULBURN VALLEY AREA MENTAL HEALTH AND WELLBEING SERVICES TRANSFORMATION

The Royal Commission into Victoria's Mental Health System (RCVMHS) resulted in the development of a comprehensive transformation plan for Victoria that focusses on building a more responsive, integrated and accessible mental health and wellbeing system. This plan involves significant reform across different areas including service delivery, governance, workforce and the involvement of people with lived experience in service design and delivery.

In 2024-2025 Goulburn Valley Area Mental Health and Wellbeing Services engaged all staff in a consultation process to implement a new governance structure designed to promote better access to quality mental health care for the Goulburn Valley.

MENTAL HEALTH LIVED AND LIVING EXPERIENCE WORKFORCE

In 2024/25, Goulburn Valley Area Mental Health and Wellbeing Services (GVAMHWS) finalised and implemented a Lived and Living Experience Workforce Framework and Strategic Plan. This, along with the development of the Associate Director of Lived and Living Experience role, supports continuous improvements for the Mental Health and Wellbeing Service that align with the recommendations of the Royal Commission into Victoria's Mental Health System and the *Mental Health and Wellbeing Act 2022 Principle of Lived Experience.*

GREATER SHEPPARTON, STRATHBOGIE AND MOIRA MENTAL HEALTH AND WELLBEING LOCAL

In 2025, a permanent new mental health support hub officially opened its doors in Shepparton, offering free walk-in support for adults with no GP referral or Medicare card required. The centre, led by Wellways Australia in partnership with Australian Primary Mental Health Alliance Healthcare and GV Health, delivers mental health clinical and wellbeing support for the Greater Shepparton, Strathbogie, and Moira regions.

The Greater Shepparton, Strathbogie and Moira Mental Health and Wellbeing Local provides community-based services for people experiencing mental illness or psychological distress. The model aims to fill the longstanding gap between GP services and hospital admissions. This initiative strengthens GV Health's commitment to the *Mental Health and Wellbeing Act 2022 Principles of Diversity of Care and Least Restrictive Care.*

MENTAL HEALTH IMPROVEMENT PROGRAM

The Mental Health Improvement Program (MHIP) was established from the Royal Commission into Victoria's Mental Health System and supports reform activities in mental health and wellbeing services. It aims to improve the safety and quality of care for people who access and work in Victoria's mental health and wellbeing services

The MHIP work under the guidance of Victoria's Chief Mental Health Nurse, and work closely with:

- The Victorian Department of Health
- The Office of the Chief Psychiatrist
- Consumer and carer advocates
- Peak bodies and community groups

In 2024/25 Goulburn Valley Area Mental Health and Wellbeing Services engaged in a number of projects as part of the MHIP. These projects included:

- Working towards the elimination of restrictive practices
- Improving sexual safety in mental health inpatient units
- Reducing compulsory treatment
- Adopting the zero suicide framework

These projects align with *the Mental Health and Wellbeing Act 2022 Principles of Least Restrictive Care and Gender Safety.*

INFRASTRUCTURE

STAFF DINING ROOM REFURBISHMENT

Refurbishment works on the Staff Dining Room at GV Health's Graham Street campus were completed in August 2024. The bright and spacious new dining room has been very well received by staff.

STAFF ACCOMMODATION

In October 2024, funding for an additional 15 self-contained apartments for doctors and other health staff was announced by the Victorian Government's Regional Worker Accommodation Fund.

The complex of single and multi-bedroom apartments will accommodate up to 18 people, offering modern, high-quality, safe and secure housing with direct access to the GV Health Shepparton Hospital for doctors, registrars and essential on-call medical staff.

The project is in addition to 18 new apartments announced in March 2024, supported by the Victorian Government's Regional Health Infrastructure Fund, bringing the total number of new dwellings on the Graham Street Shepparton Hospital campus to 33, accommodating up to 39 people.

All 33 apartments will be delivered concurrently, with completion targeted for June 2026.

MEDICAL WARD UPGRADE

Medical Ward upgrade works were completed in early 2025, resulting in changes to some ward configurations at our Graham Street campus. These changes will help GV Health to maximise support for patients and staff, and improve efficiency across the hospital.

UPGRADED TRANSIT LOUNGE

Following refurbishment works, the Transit Lounge reopened in May 2025. The upgrades have increased its capacity and expanded the inclusion criteria to allow more patients to receive care in the area. The Transit Lounge now provides care for patients on a variety of chairs, recliners and beds, meeting the individual needs of all our patients.

MINYA BARMAH ROOM REFURBISHMENT

After several months of refurbishment, in May 2025 the Minya Barmah Room reopened for GV Health's Aboriginal and Torres Strait Islander patients, families, carers and community.

The Minya Barmah Room is located at the Graham Street campus and provides a culturally safe space for our Aboriginal and Torres Strait Islander community. The space can be used to have a cuppa, meet with GV Health's Aboriginal Liaison Officers or access services or support for loved ones who are receiving care at GV Health.

The new colour palette for the room reflects natural colours across the Goulburn Valley landscape. The acoustic panels incorporate a design by Wiradjuri Artist, Amanda Hinkelmann and the furniture has been procured from Winya Indigenous Commercial Furniture.

INFORMATION TECHNOLOGY

IMPLEMENTATION OF NEW PATIENT ADMINISTRATION SYSTEM

GV Health and Hume Rural Health Alliance (HRHA) were proud to implement a new Patient Administration System (PAS) in November 2024. The new system is full consolidated across HRHA's 14 member health services in the Hume Region.

Implementing a single, integrated PAS across 14 health services is a giant leap forward in our region's digital health journey to achieve the vision of better-connected patient care. The new system introduces a region-wide patient identifier to improve the continuity of care for patients and make it easier to connect with other health services in our region.

uniFLOW PRINT SERVICE

In May 2025, uniFLOW was rolled out across GV Health. The new print management system, otherwise known as 'Follow-Me Printing' makes the printing experience easier, safer and more efficient.

NEW ROSTERING SYSTEM ROLLOUT

The Optima Project is being implemented at GV Health starting in June 2025. This new rostering system will improve efficiency and streamline how staff manage their workloads, including moving from paper-based processes to online. The rollout is expected to be completed by the end of the year. So far, the system has been successfully rolled out across a number of other regionals sites. In 2025 the implementation will cover GV Health, Hospice and Hume Rural Health Alliance.

QUALITY, SAFETY AND INNOVATION

NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS ACCREDITATION ASSESSMENT

In October 2024, GV Health achieved an outstanding result in the National Safety and Quality Health Service Standards Accreditation Assessment, receiving no recommendations—a remarkable feat compared to 12 recommendations in our previous survey conducted in March 2022.

AGED CARE QUALITY AND SAFETY COMMISSION ACCREDITATION

The Aged Care Quality and Safety Commission conducted performances visits for GV Health's Community Programs (Community Interlink, Rural Allied Health Team), Home Nursing Service, Waranga District Nursing Service) in October 2024. As of the 30 June 2025 all community aged care services are compliant with the Aged Care Quality and Safety Standards.

RURAL CAMPUSES AGED CARE STANDARDS STANDOFF

In March 2025, staff at Tatura Parkvilla Aged Care facility and Waranga Health campuses participated in a series of challenges to determine who had the most knowledge about the new Strengthened Aged Care Quality Standards. The overall winner of

the Strengthened Aged Care Quality Standards Standoff, with the highest percentage of education completed, was Tatura campus.

The Standoff will be an annual event and Waranga Health will have the chance to challenge the Tatura campus in 2026.

PEOPLE, DEVELOPMENT AND SAFETY

INTENSIVE WORKFORCE SUPPORT PROGRAM

To address critical workforce shortages, identified as a major risk to service delivery and staff engagement, in 2023 GV Health developed a three-year Intensive Workforce Support Program. This program comprises a suite of targeted initiatives aimed at overcoming persistent challenges in sourcing talent to our regional location and retention. A dedicated, cross-functional GV Health team led the design and implementation of tailored strategies to reduce workforce gaps, enhance staff wellbeing, and strengthen overall workforce capability and experience.

NEW CULTURAL AWARENESS ELEARNING PACKAGE

In July 2024, GV Health launched a new Cultural Awareness eLearning package for staff. The new eLearning package reflects GV Health's dedication to culturally sensitive care.

LEARNING AND DEVELOPMENT HUB

In November 2024, GV Health launched the Learning and Development Hub, a new SharePoint site designed to be a one-stop shop for all things related to personal and leadership development. The Learning and Development Hub provides centralised resources designed to nurture a culture of continuous learning at GV Health.

INTERNATIONAL NURSES

In December 2024, GV Health welcomed over 70 relocating international nurses and midwives who joined the health service in 2024, filling many critical roles. The team celebrated with a barbeque.

DIVERSITY, EQUITY & INCLUSION COMMITTEE

In February 2025, GV Health invited expressions of interest from staff interested in joining the new Diversity, Equity & Inclusion (DEI) Committee. The committee commenced in mid-March with the goal to provide strategic oversight, leadership, monitoring and advice to GV Health in the area of DEI across its workforce. The Committee is made up of both management and staff representatives.

WELLNESS WEEK

Across 31 March—4 April 2025 was Wellness Week at GV Health. A variety of activities designed to support physical, mental and financial wellbeing were on offer, including mindfulness sessions, fitness challenges, financial wellness workshops, a staff barbeque and more. The event was a great success and was very well received by staff.

VOLUNTEERS WEEK CELEBRATIONS

To celebrate National Volunteer Week, in May 2025 GV Health hosted a special lunch at our Graham Street campus. Matt Sharp, Chief Executive, acknowledged the vital role our volunteers play in supporting patients, families and staff across the organisation, before presenting service awards recognising one year and five year milestones.

PET THERAPY VOLUNTEER PROGRAM

In 2024 and 2025 GV Health's pet therapy volunteer program has significantly expanded, increasing from just one volunteer and dog team, to five, with four more scheduled to commence in 2025/26.

The pet therapy volunteer team at GV Health exemplifies what it means to go above and beyond in enhancing care and wellbeing. Through the unique bond between humans and animals, the team brings a powerful, non-clinical form of therapy into the hospital environment, reaching patients, families, and staff in ways that words and medicine often cannot.

2025 EMERGING LEADERS PROGRAM

GV Health's Emerging Leaders Program, delivered in Partnership with GOTAFE, was completed in May 2025. Over several months, participants in the program stepped into leadership with curiosity, courage and commitment, building skills in team communication, self-awareness, strategic thinking and team leadership.

CORPORATE AFFAIRS

COMMUNITY ENGAGEMENT

Working with our Community Advisory Committee, in 2024/25 GV Health sought out community perspectives on a range of issues to inform the way we deliver our services and engage with consumers and members of the public. This included feedback on improving wayfinding signage at the Shepparton Hospital campus, communicating about access to care when our health services are under significant pressure, and increasing the prevalence of advance care planning in our community.

TRIPLE M GOULBURN VALLEY

In 2024, GV Health commenced a new weekly *Check Up Tuesdays* segment on Triple M Goulburn Valley. Presented by the Director Communications and Engagement, Nicole Lade, the segment has helped reach new audiences and highlight important health issues for the local community.

ALLIED HEALTH RECRUITMENT CAMPAIGN

A communications campaign was undertaken in early 2025, to promote and increase allied health recruitment at GV Health. This campaign included the development of a new allied health recruitment hub on the GV Health website.

STRATEGY REALISATION

In early 2025, GV Health established a new Strategy Realisation Office to support a whole-of-organisation approach to delivery of key strategic initiatives and projects under the GV Health Strategic Plan, and to introduce a robust framework for monitoring strategic outcomes to better inform planning and decision-making.

PUBLIC FERTILITY CARE CAMPAIGN

In March 2025, GV Health undertook a community engagement campaign in order to increase referrals to the Victorian Public Fertility Care service. This campaign included an online information session and information stalls at local shopping centres. The campaign was a great success, resulting in a significant increase in referrals.

GOVERNANCE, COMPLIANCE AND LEGAL

New governance and compliance measures were introduced over the 2024/25 financial year, to strengthen GV Health's compliance with regulatory requirements across acute, aged care, disability, and social services. The organisation also continued to develop its internal legal advisory capability, reducing reliance on external consultants.

GV HEALTH FOUNDATION

NEW SCALP COOLING MACHINE FUNDED BY LADIES WHO LUNCH

In 2024, a Scalp Cooling Machine was purchased with funds raised at the 2023 Ladies Who Lunch event. The machine is available to GV Health oncology patients to help reduce hair loss caused by chemotherapy.

LADIES WHO LUNCH EVENT

The 2024 Ladies Who Lunch event was a huge success with over $100,000 raised to support oncology services at GV Health. The event was managed by the dedicated community-based Ladies Who Lunch Committee, and supported by a multitude of generous sponsors and community members.

ROTARY CLUB OF SHEPPARTON CENTRAL ANNUAL GOLF DAY

The Rotary Club of Shepparton Central held its annual Golf Day fundraiser in February 2025, with $35,000 donated to fund seven postgraduate nursing professional development scholarships at GV Health.

GOOD FRIDAY APPEAL

In February 2025, the Good Friday Appeal announced that their funds would once again support several Victorian regional health services, including GV Health. The funds will directly increase the number of children and young people who can receive high-quality care closer to their homes.

Funds raised by the Good Friday Appeal 2024 were used to offer four paediatric nursing scholarships across a range of specialised teams.

NEW ERBE MACHINES FUNDED BY THE BIGGEST EVER BLOKES LUNCH

In early 2025, GV Health was delighted to receive two new Erbe machines, funded by the Biggest Ever Blokes Lunch. These state-of-the-art electrosurgery machines use high-frequency current for cutting, coagulating, and devitalizing tissue, as well as sealing vessels, enhancing efficiency, precision, and safety while expanding the range of surgical services we can offer locally.

$200,000 DONATION FROM IAN BRERETON

In April 2025, Ian Brereton donated $200,000 to the GV Health Foundation, to benefit the Special Care Unit at GV Health. GV Health would like to thank Mr Brereton for this significant gift.

HUME HEALTH SERVICE PARTNERSHIP

The Hume Health Service Partnership (HHSP) brings together the 15 public health service providers from across the Hume Region to work collaboratively. Over the last four years, the HHSP has been a critical mechanism for health services to share their expertise and achieve scale and coordination of effort towards agreed and common goals.

From 1 July 2025, the HHSP will transition to the new Hume Local Health Service Network. The Hume Network will aim to improve service access, safety, quality and coordination—so that patients/consumers/clients experience improved outcomes and improve the efficiency of the Hume Network service system by sharing expertise, removing unnecessary duplication and working to an agreed system design.

During 2024/25, the HSSP continued its co-ordinated and collaborative approach to deliver on a number of agreed projects.

HUME RURAL HOSPITALIST PILOT

The Hume Rural Hospitalist Pilot Project (HRHPP) was launched to address critical medical workforce shortages in rural Victoria by establishing structured rotations for PGY2 (Post-Graduate Year 2) doctors in rural health services that traditionally struggle to recruit junior medical staff.

NCN Health Cobram served as the initial pilot site in 2024, with Seymour Health and Mansfield District Hospital joining in 2025. Supported by Albury Wodonga Health, GV Health, and Northeast Health Wangaratta, the project enables junior doctors to work across all areas of rural health services, supporting Visiting Medical Officers and GPs under Postgraduate Medical Council of Victoria accredited supervision models.

Planning is underway to expand the program to additional sites in 2026, following an Expression of Interest and preparation of a funding submission to the Department of Health. Two evaluations, by the University of Melbourne's Rural Health Academic Network and Aspex Consulting, have assessed the program's recruitment effectiveness, stakeholder experiences, supervision, economic impact, and sustainability, reinforcing the potential of the Rural Hospitalist role to become a core component of rural health service delivery.

HHSP STRATEGIC SERVICE PLAN

The HHSP Strategic Service Plan 2023-2036 aims to develop the public health hospital service system in the Hume region to 2036. The Plan's implementation strategy commenced in July 2024. Progress is reported to the HHSP CEO Council.

Three strategic service directions ready to progress were identified:

- Further develop residential in reach (RiR) care to support residents to receive care in place and avoid unnecessary hospital transfer / admission.
- Work with the Hume Palliative care consortia to improve access to specialist palliative care 'closer to home', by expansion of specialist palliative care consultancy teams and further development of inpatient and home-based specialist palliative care.
- Leverage a range of technologies to improve service reach and increase professional support to clinicians in the Hume HSP.

The HHSP Strategic Service Plan Implementation Project Control Group are monitoring a number of other services directions and considering the next strategic service directions which can be progressed.

RESIDENTIAL IN REACH

The Sustaining Residential in Reach (RiR) project aims to support aged care residents by providing timely care within their residential facilities, reducing avoidable hospital presentations. In collaboration with clinical teams, data collection and analysis informed service expansion and improvement across the Hume Region.

A new RiR service was launched at Albury Wodonga Health in December 2024 to address a local service gap, initially supporting six Residential Aged Care Facilities (RACFs) three days a week, with expansion to 12 RACFs and five-day coverage from July 2025. A March 2025 survey of 66 RACFs showed high satisfaction with RiR services and a significant increase in uptake—from 42% in 2024 to 70% in 2025. The survey also provided insights into GP, geriatrician, and telehealth service access in the region. The project will continue in 2025–26, with ongoing data collection guiding future development.

ABORIGINAL HEALTH INNOVATION INITIATIVE

The Aboriginal Health Innovation Initiative (AHII) continues to prioritise cultural safety and improve the healthcare experience for Aboriginal and Torres Strait Islander people across the Hume region.

In 2025, the AHII working group developed a culturally safe First Nations Health and Wellbeing Booklet, designed to support patient self-determination, enhance the discharge process, and connect individuals with local support services. Developed in consultation with community and received positively, the A5 booklet will be distributed to all health services across the region as a practical and culturally appropriate resource.

VIRTUAL CARE / REMOTE PATIENT MONITORING

HHSP and Hume Rural Health Alliance introduced a regional digital solution, Hume Access to Care, to enhance patient care and system efficiency. This includes Access and Flow modules for inpatient management and Miya Care, a Virtual Care/Remote Patient Monitoring tool that allows clinicians to communicate directly with patients via a smartphone app, sending reminders, surveys, and health monitoring requests. Patient responses are instantly visible to clinicians through a digital dashboard. Implementation is progressing, with identified patient cohorts where the technology effectively supports and complements care provided at home.

SAFER TOGETHER PROGRAM

The Safer Together Program (STP) is a three-year initiative led by Safer Care Victoria to strengthen safety and sustainability in the healthcare system through collaboration, innovation, and a unified engagement model. The program brings together multiple initiatives under one framework focused on reducing avoidable harm and admissions, promoting medication safety, and supporting value-based care.

In the Hume region, the STP team has prioritised areas such as falls prevention, consumer advocacy, medication safety, and clinical documentation in urgent care and emergency settings. Strong partnerships with local health services have enhanced resource use and supported collective action on shared safety challenges.

HUME PALLIATIVE CARE CONSORTIUM

The Hume Palliative Care Consortium (HPCC) continues to drive strategic improvements in palliative care through innovation, evidence-based practice, and strong regional collaboration.

In 2025, HPCC supported implementation of the state-wide Novice to Advanced Practice Framework by partnering with Eastern Palliative Care to promote access to the EPC Foundations Course, offering subsidies for Hume-based staff. The Clinical Advisory Group hosted a regional Palliative Care Masterclass and began rolling out PalCareGo, integrating videoconferencing into community care models to enhance accessibility. HPCC also collaborated with Murray Primary Health Network to deliver the 2024 Palliative Care in Residential Aged Care Summit, fostering professional engagement across the sector.

CREDENTIALING AND SCOPE OF PRACTICE PROJECT

With implementation completed, all of the health services in the HHSP are using the Cgov platform to credential Senior Medical and Dental Practitioners. Eight of the health services are also using the platform to credential Nurse Practitioners. The platform was built to accommodate regional or sub-regional "joined up" credentialing and it is intended to progress this enhancement within the new Hume Local Health Service Network from 1 July 2025.

LIVEHIRE AND LIVEONBOARD

The Hume Health Service Partnership (HHSP) has rolled out a digital recruitment and onboarding system to 13 of 15 partner health services, providing a more efficient, sustainable approach to hiring. The platform has been well received and has led to improvements in contracts, policies, and recruitment processes. Benefits include greater efficiency for staff and applicants, streamlined data collection, and secure digital record storage.

REDEVELOPMENT PROGRAM

Work on the ongoing redevelopment and refurbishment of GV Health's Graham Street Shepparton campus has continued.

COMPLETED NEW WORKS

- Paediatric corridor
- Special Care Nursery
- Emergency Department North
- Central Sterile Supply Department
- Day of Surgery Admissions
- Theatre change rooms
- Emergency Department external works
- Miscellaneous compliance works
- 2nd High Voltage Feeder Supply works

COMPLETED REFURBISHMENT WORKS

- Emergency Department South
- Theatre refurbishments
- Maternity and Birth Suites compliance works
- Medical Ward
- Dining Room refurbishment
- Miscellaneous compliance works site-wide

COMPLETED BUILDING COMPLIANCE WORKS

- Junior Medical Officer lounge
- Doctor offices
- Staff dining room refurbishment

SCHEDULED WORKS

- Youth Prevention and Recovery Care (YPARC) building to be completed October 2025, and will be operationally open July 2026
- Staff accommodation (stage 1) building to be completed July 2026
- Staff accommodation (stage 2) building to be completed August 2026
- Installation of 1 Megawatt solar panels on Graham Street campus to be completed April 2026
- Fit-out of 166 Welsford Street Shepparton office for Community Mental Health to be completed March 2026

Funded works

- Expansion of existing mental health facilities
- Early Parenting Centre development
- Upgrade of security swipe cards and doors across Graham Street campus
- Upgrade of infrastructure at Euroa Hospital campus
- Mental Health Renewal Projects—new ICT, swipe cards, flooring works
- Miscellaneous compliance works—new medical waste storage, kitchen refrigeration upgrades, road resurfacing, updating signage and wayfinding updates across Grahams Street campus

Planning in progress

- An Integrated Cancer Centre at Shepparton Hospital
- Upgrades to corridor spaces
- Refurbishment of building C to allow for Acute Care and Medical Day Stay
- Emergency Department waiting room/triage refurbishment

WORKFORCE INFORMATION

Labour category	June Monthly FTE*		Average Monthly FTE*	
	2024	2025	2024	2025
Nursing	858.47	924.52	843.25	893.10
Administration and Clerical	383.94	404.29	389.04	397.00
Medical Support	173.43	188.43	177.95	176.18
Hotel and Allied Services	214.35	196.02	210.95	192.37
Medical Officers	36.45	32.06	33.24	33.12
Hospital Medical Officers	169.63	185.70	160.88	171.96
Sessional Clinicians	44.50	51.29	46.03	51.86
Ancillary Staff (Allied Health)	125.88	146.58	125.55	143.19
Total	**2,006.66**	**2,128.89**	**1,986.88**	**2,058.78**

HEALTH, SAFETY AND WELLBEING

The Health, Safety and Wellbeing Strategy aims to provide a safe work environment and to promote and support all aspects of staff wellbeing. Our approach to ensuring staff have the right skills and capability to perform their roles effectively and safely includes:

- A commitment to incident and injury prevention.
- Trained health and safety representatives who actively support early identification of any hazards in work areas.
- Occupational Violence and Aggression (OVA) Prevention plan.
- A benefits program that offers discounted memberships to gyms and other financial and mental health support in line with our wellbeing program.
- A manual handling program, supported by a no lift trainer, to educate staff in safe manual handling practices.
- Mental Health First Aid professional development to a range of staff across our organisation, to support early identification and support of any mental health wellbeing needs.
- Workplace assessments to support employees working from home as well as early and local identification of risks or hazards.

Occupational Health and Safety statistics	2024/25	2023/24	2022/23
The number of reported hazards/incidents for the year per 100 FTE	19.23	23.92	18.26
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.71	0.75	0.77
The average cost per WorkCover claim for the year	$99,359	$113,237	$78,544

In 2024/25 there were 19 WorkCover claims (including six rejected claims and three pending claims) with 12 claims resulting from physical injury and seven claims resulting in a psychological injury. All staff members are supported and assisted in transitioning back to work at the earliest opportunity. Of the 12 physical injury claims, nine employees have either returned to partial or full hours of their pre-injury duties. Three employees with a psychological injury claim returned to partial or full hours of their pre-injury duties. Of these claims, five claimants have exited the health service to engage employment with another employer.

OCCUPATION VIOLENCE AND AGGRESSION

GV Health continues to work with employees, Health and Safety Representatives, management and unions to continually review and improve current work practices, eliminate or reduce (as much as practical) the risk and recording of occupational violence and aggression occurrences. This is supported by a Code Grey response team and mandatory Occupational Violence and Aggression training for relevant staff.

Occupation Violence and Aggression Statistics	2024/25
WorkCover accepted claims with an occupational violence cause per 100 FTE	0.09
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.18
Number of occupational violence incidents reported	220
Number of occupational violence incidents reported per 100 FTE	10.69
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	23.63%

GENERAL INFORMATION

CARER'S RECOGNITION ACT 2012

GV Health has taken all practical measures to comply with its obligations under the *Carer's Recognition Act 2012*. These include:

- Promoting the principles of the *Carer's Recognition Act 2012* to people in care relationships who receive our services and to the wider community.
- Ensuring our staff have an awareness and understanding of the care relationship principles set out in the *Carer's Recognition Act 2012*.
- Considering the care relationships principles set out in the *Carer's Recognition Act 2012* when setting policies and providing services.
- Implementing priority actions in recognising and supporting Victoria's carers: Victorian carer strategy 2018-22.

COMPLIANCE WITH FREEDOM OF INFORMATION ACT 1982

During 2024/25, GV Health received 536 Freedom of Information (FOI) applications. Of these requests, one was from Members of Parliament, zero from the media, and the remainder from the general public. GV Health made 442 (12 withdrawn) FOI decisions during the 12 months ended 30 June 2025.

There were 260 decisions made in 30 days and 87 decisions made in 45 days, within the statutory time periods. Of the decisions made outside time, 63 were made within a further 45 days and 17 decisions were made in greater than 45 days.

A total of 426 FOI access decisions were made where access to documents was granted in full, granted in part or denied in full. 198 decisions were made after mandatory extensions had been applied or extensions were agreed upon by the applicant. Of requests finalised, the average number of days over / under the statutory time (including extended timeframes) to decide the request was 26.69 days.

During 2024-5, zero requests were subject to a complaint/internal review by Office of the Victorian

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

PUBLIC INTEREST DISCLOSURE ACT 2012

GV Health is subject to the *Public Interest Disclosure Act 2012* that replaced the former *Whistleblowers Protection Act 2001*. The *Public Interest Disclosure Act 2012* came into effect on 10 February 2013 with a purpose to facilitate disclosures of improper conduct by public officers, public bodies and to provide the appropriate level of protection for people who make disclosures without fear of reprisal. GV Health adheres to the *Public Interest Disclosure Act 2012* through incorporating the protected disclosure requirements of the *Public Interest Disclosure Act 2012* into a GV Health procedure which is available to all staff on our intranet and information for the public is available at our website www.gvhealth.org.au

BUILDING ACT 1993

GV Health complied fully with the building and maintenance provisions of the *Building Act 1993* Guidelines for Publicly Owned Buildings. GV Health also complied with the relevant provisions of the National Construction Code.

STATEMENT ON NATIONAL COMPETITION POLICY

GV Health complied with the *National Competition Policy*, including complying with requirements of the policy statement *Competitive Neutrality Policy Victoria*, and all subsequent reforms.

LOCAL JOBS FIRST ACT 2003

In 2024/25 GV Health commenced three Local Jobs First Standard Projects requiring a Local Industry Development Plan (LIDP), totalling a value of $5.5m. The Industry Capability Network has otherwise issued an Interaction Reference Number for one additional project that was subject to a grant.

WORKFORCE INCLUSION POLICY

GV Health does not have a Workforce Inclusion Policy. GV Health's Gender Equality Action Plan confirms our commitment to driving change and removing barriers so that everyone can reach their full potential by having equal access to rewards, opportunities and resources, regardless of gender, cultural background, age, sexual orientation or other characteristics.

Delivering the Gender Equality Action Plan requires ongoing consultation and collaboration across our workforce in order to enable sustainable improvement across all the gender equality indicators including the prevention of violence against women and children.

SAFE PATIENT CARE (NURSE TO PATIENT AND MIDWIFE TO PATIENT RATIOS) ACT 2015 (SPC ACT 2015)

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

MENTAL HEALTH AND WELLBEING ACT 2022

Victoria's Mental Health and Wellbeing Act 2022 (the Act) commenced on 1 September 2023. The Act supports changes underway to create a diverse, responsive and compassionate mental health and wellbeing system for all Victorians. The Act has a set of core principles dignity and autonomy, diversity of care, least restrictive principle, supported decision-making, family and carers principle, lived experience principle, health needs principle, dignity of risk, wellbeing of youth principle, diversity principle, gender safety, and cultural safety principle and wellbeing of dependants' principle.

GV Health has made all reasonable efforts to comply with the mental health and wellbeing principles and considered these principles when making a decision under the Act. To this effect, as part of internal audit, HLB Mann Judd undertook a review of GV Health's compliance with the Act in 2024-2025. The outcome of this audit was that GV Health has robust and appropriate systems, processes and controls in place for managing activities related to compliance with the Act.

CAR PARKING FEES

GV 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 on the GV Health website.

ENVIRONMENTAL PERFORMANCE

GV Health is committed to ensuring the protection of our environment and ongoing sustainability is a priority in all activities. GV Health implements environmentally sustainable practices to achieve efficient and sustainable outcomes for energy, materials and water that comply with environmental legislation, regulations and government policies. GV Health monitors and reports on environmental and sustainability practices to help us better integrate and gain strategic value from existing sustainability efforts, identify gaps and opportunities in products and processes, develop communications and incorporate innovative practices.

GV Health monitors and reports on:

- Energy;
- Waste production and disposal;
- Paper consumption;
- Water consumption;
- Transportation/fuel consumption;
- Greenhouse gas emissions;
- Sustainable procurement and associated information relevant to understanding and reducing office-based environmental impacts.

GV Health continues to expand efforts to become a more environmentally sustainable health service.

GENERAL INFORMATION

Environmental Reporting		2024/25
Total electricity consumption segmented by source (MWh)	Purchased	3,845.90
	Self-generated	0
On-site electricity generated by usage and source (MWh)		0
On-site installed generation capacity segmented by source (kW converted to MW)	Diesel generator	3.6
Total electricity offsets segmented by offset type (MWh)	Renewable Power Percentage in the grid	717.68
Total fuels used in buildings and machinery segmented by fuel type	Natural Gas	29,856,303.2
	LPG	107,675.2
Greenhouse gas emissions from stationary fuel consumption segmented by fuel type and vehicle category	Natural Gas	1,538.49
	LPG	6.52
Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type [MJ]	Non-executive fleet—Gasoline	3,889,413.36
	Non-executive fleet—E10	0
	Non-executive fleet—Diesel	549,654.8
Greenhouse gas emissions from vehicle fleet segmented by fuel type and vehicle category (tonnes CO2-e)	Non-executive fleet—Gasoline	266.83
	Non-executive fleet—E10	0
	Non-executive fleet—Diesel	39.02
Total distance travelled by commercial air travel		0
Total energy usage from fuels (MJ)		34,403,046.56
Total energy usage from electricity (MJ)		13,845,223.88
Total energy usage segmented into renewable and non-renewable sources (MJ)	Renewable	2,583,637.41
	Non-renewable	41,225,564.86
Units of Stationary Energy used normalised (MJ)	Energy per unit of Aged Care OBD	2,413.46
	Energy per unit of LOS	449.87
	Energy per unit of Separations	1,193.84
	Energy per unit of floor space (m2)	1,114.22
Total units of metered water consumer by water source (kL)	Potable water	6,437.41
Units of metered water consumed normalised (kL)	Water per unit of Aged Care OBD	0.35
	Water per unit of LOS	0.07
	Water per unit of Separations	0.18
	Water per unit of floor space	0.16

Environmental Reporting		2024/25
Total units of waste disposed of by disposal method and material type / waste stream (kg)	General waste	360,334,000
	Clinical waste—incinerated	907.41
	Clinical waste—sharps	72.27
	Clinical waste—treated	23,088.71
	Recycling/ recovery—cardboard	39,507,000
	Recycling/ recovery—commingled	122,126,000
	Recycling/ recovery—paper confidential	Not available
Total units of waste disposed normalised (kg)	Total waste to landfill per PPT	1.86
	Total waste to offsite treatment per PPT	0.44
Greenhouse gas emissions associated with waste disposal (tonnes CO2-e)		30.90
Total scope one (direct) greenhouse gas emissions (tonnes CO2-e)		1,545.0
Total scope two (indirect electricity) greenhouse gas emissions (tonnes CO2-e)		2,533.71
Total scope three (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (tonnes CO2-e)		507.12

All Department of Health funded high-value redevelopment projects have an Environmentally Sustainable Design (ESD) allowance included within the overall project budget.

During the design phase of the high-value project, a consultant presents ESD initiatives for the consideration of the project team. These ESD proposals are evaluated for suitability by GV Health and are implemented as appropriate within the respective high-value projects.

As an example, "chilled-beams" were introduced as the means of heating and cooling within the new inpatient rooms of the Stage 1 Redevelopment. This particular ESD initiative has delivered a comfortable climate for patients while providing long-term energy savings for GV Health.

While GV Health does not routinely procure office buildings, any prospective new leases are evaluated under several key criteria including energy efficiency. In this regards a Green Lease Schedule may be a differentiating factor with leases that are otherwise considered equal with the other key selection criteria.

With the assistance of the Victorian Health Building Authority, National Australian Built Environment Rating System (NABERS) ratings are performed on an annual basis for all hospital sites. The energy and water consumption are scrutinised to determine the appropriate NABERS ratings, and these certificates are displayed proximal to the main entrances of the respective GV Health sites.

All infrastructure or upgrades valued at over $1 million are designed by consultants with energy efficiency being a key consideration of these delivered projects. The environmental performance of these projects are guided by the Victorian Health Building Authority Guidelines for sustainability in healthcare capital works, which set minimum design targets and standard practice sustainability requirements.

SOCIAL PROCUREMENT FRAMEWORK (SPF) OBJECTIVE AND OUTCOMES SUMMARY

Description		Number	$
Aggregate spend			
All suppliers	Number of suppliers	1,792	
	Total spend with suppliers		$145,797,459.01
Social benefit suppliers	Number of social benefit suppliers	10	
	Total spent with social benefit suppliers		$58,486.38
SPF Objective: Opportunities for Victorian Aboriginal people			
Outcome: Purchasing from Victorian Aboriginal businesses	Number of Victorian Aboriginal businesses engaged	2	
	Total expenditure with Victorian Aboriginal businesses (excl. GST)		$5,918.00
SPF Objective: Opportunities for Victorians with disability			
Outcome: Purchasing from Victorian social enterprises led by a mission for people with disability and led by Australian Disability Enterprises	Number of Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises engaged	3	
	Total expenditure with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises		$10,836.09
SPF Objective: Opportunities for Victorian priority jobseekers			
Outcome: Purchasing from Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers	Number of Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers engaged	0	
	Total expenditure Victorian social enterprises led by a mission for job readiness and employment of Victorian priority jobseekers		0
SPF Objective: Sustainable Victorian social enterprises and Aboriginal businesses			
Outcome: Purchasing from Victorian social enterprises and Aboriginal businesses	Number of Victorian social enterprises engaged	7	
	Total expenditure with Victorian social enterprises (excl.GST)		$42,350.48
	Number of Victorian Aboriginal businesses engaged	2	
	Total expenditure with Victorian Aboriginal businesses (excl.GST)		$5,918.00

Definitions	
Victorian Aboriginal business	A Victorian Aboriginal business that is: 1. registered with Kinaway; or 2. registered with Supply Nation and has operations in Victoria.
Victorian social enterprise led by a mission for people with disability (Group 1)	A Victorian social enterprise certified by Social Traders, and operates and has business premises in Victoria.
Victorian social enterprise led by a mission for people with disability (Group 2)	A Victorian social enterprise (led by a mission for people with disability) listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.
Australian Disability Enterprise (ADE)	ADEs are partly funded by the Commonwealth Government to provide supported employment for people with disability. They are listed on the BuyAbility website.
Social enterprise led by a mission for one of the priority disadvantaged cohorts (Group 1)	A Victorian social enterprise certified by Social Traders, and operates and has business premises in Victoria. Priority disadvantaged cohorts are:—long-term unemployed;—disengaged youth;—single parents;—migrants, refugees and asylum seekers; and—workers in transition.
Social enterprise led by a mission for one of the priority disadvantaged cohorts (Group 2)	A Victorian social enterprise (led by a mission for one of the priority disadvantaged cohorts) listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.
Social enterprise (Group 1)	A business certified by Social Traders.
Social enterprise (Group 2)	All Victorian social enterprises listed on the Map for Impact. Note that the Map for Impact website was being hosted by Swinburne University and has been discontinued as of 30 June 2023. DGS, however, still retains the underlying data, from which this tool has been constructed.

INFORMATION AND COMMUNICATION TECHNOLOGY EXPENDITURE

The total ICT expenditure during 2024/2025 was $10.31 million (excluding GST) with the details shown below:

Business as usual (BAU) ICT expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
Total (excluding GST) $000	Total = Operational expenditure and Capital Expenditure (excluding GST) $000	Operational expenditure (excluding GST) $000	Capital expenditure (excluding GST) $000
$6,999	$3,315	$1,490	$1,825

CONSULTANCIES

DETAILS OF CONSULTANCIES (UNDER $10,000)

In 2024/2025, there was one consultancy where the total fees payable to the consultant were less than $10,000. The total expenditure incurred during 2024/2025 in relation to this consultancy was $1,600 (excluding GST).

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

In 2024-2025, there was one consultancy where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2024-2025 in relation to these consultancies, was $83,882 (excluding GST).

Consultant	Purpose of consultancy	Start Date	End Date	Total approved project (exc. GST)	Expenditure 2023–24 (exc. GST)	Future Expenditure (exc. GST)
KPMG	Identification of service and governance options for GV Health	May 23	Oct 24	$499,434	$83,882	$-

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:

GV Health Financial Accountants Team

Phone: (03) 5832 2322

Email: FinancialAccountants@gvhealth.org.au

REVIEWS AND STUDY EXPENDITURE

During 2024/25, there was one review undertaken with the total cost of $20,445. Details of the review are outlined below.

Names of the review (portfolio(s) and output(s)/agency responsible)	Reasons for review/ study	Terms of reference/ scope	Anticipated Outcomes	Estimated cost for the year (excl. GST)	Final cost completed (exc. GST)	Publicly available (Y/N) and URL
Trakright Pty Ltd.	Building fabric assessment of Euroa Hospital	Infrastructure assessment of Euroa Hospital	Informed capital upgrade priorities	$25,000	$20,445	N

GOVERNMENT ADVERTISING CAMPAIGN

Nil report. GV Health did not participate in any activities or circumstances to trigger the disclosure threshold of $100,000 on government advertising expenditure.

GRANTS AND TRANSFER PAYMENTS

Not applicable. GV Health did not administer any grants, transfer payments or Commercial-in-Confidence grants in 2024-25.

FINANCIAL AND SERVICE PERFORMANCE REPORTING

FINANCIAL SUMMARY

	2025 $'000	2024 $'000	2023 $'000	2022 $'000	2021 $'000
Operating result*	**49**	**(38,380)**	**335**	**406**	**163**
Total revenue	481,988	432,499	459,355	443,217	388,734
Total expense	(493,117)	(474,751)	(443,098)	(401,387)	(364,694)
Net result from transactions	**(11,128)**	**(42,251)**	**16,257**	**41,830**	**24,040**
Total other economic flows	(419)	459	(2,421)	1,681	2,853
Net result	**(11,547)**	**(41,792)**	**13,836**	**43,511**	**26,893**
Total assets	508,194	527,386	501,768	434,761	374,089
Total liabilities	(143,738)	(151,381)	(142,315)	(125,271)	(109,969)
Net assets / total equity	**364,457**	**376,005**	**359,453**	**309,490**	**264,120**

The operating result is the result for which GV Health is monitored in the Statement of Priorities.

* The impact of the State Supply Arrangements, are excluded from the operating result.

RECONCILIATION BETWEEN NET RESULT FROM TRANSACTIONS TO THE STATEMENT OF PRIORITIES OPERATING RESULT

	2025 $'000
Net operating result*	**49**
Capital purpose income	16,835
Specific income	N/A
COVID-19 state supply arrangements - Assets received free of charge or for nil consideration under the state supply	265
State supply items consumed up to 30 June 2025	(106)
Assets received free of charge	269
Expenditure for capital purpose	(3,602)
Depreciation and amortisation	(24,753)
Finance costs	(85)
Net result from transactions	**(11,128)**

*The impact of the State Supply Arrangements, are excluded from the operating result.

SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION

2024/25: GV Health's major financial objective is to provide the necessary resources to meet anticipated activity levels, address essential capital needs and ensure cash sustainability.

GV Health was able to deliver on its accountabilities in 2024/25 within its agreed budget.

GV Health delivered an operating surplus of $0.049 million for the 2024/25 financial year (excluding capital, depreciation and specific items) compared to its $0.000 million budget target. GV Health delivered an overall net deficit of $11.547 million for the 2024/25 financial year (including capital, depreciation and specific items).

The net result reflects the movement in depreciation for the year, for which GV Health is not funded for.

Total cash decreased by ($8.728) million from $87.854 million to $79.126 million in 2024/25. The major capital cash inflows for the year related to the Stage 1 and 2 Staff Accommodation grants funded by Department of Health and Department of Jobs, Skills, Industry and Regions, our PET Scanner and our Mental Health projects, whilst the major operating cash inflows were in relation to operating activity revenue, Local Public Health Unit and Mental Health. There was an increase in operating working capital as a result of the increase in Department of Health cash funding, movements in current liabilities represented business as usual activity.

Equity decreased by ($11.547) million as a result of the net deficit of $11.547 million.

SUMMARY OF OPERATIONAL AND BUDGETARY OBJECTIVES AND FACTORS AFFECTING PERFORMANCE

2024/25: As a public health service, GV Health is required to negotiate a Statement of Priorities (SoP) with the Department of Health each year. The SoP is a key accountability agreement between GV Health and the Minister of Health. It recognises that resources are limited and that the allocation of these scarce resources needs to be prioritised. The SoP incorporates both system wide priorities set by the Victorian Government and agency specific priorities.

A $0.000 million break-even operating result (excluding capital, depreciation and specific items) was agreed in the 2024/25 SoP for GV Health. The final result for the year was an operating surplus of $0.049 million.

It is important to note that the financial focus for GV Health is on the operating result given that depreciation is unfunded and capital income from the Department of Health is project dependent and therefore highly variable year-to-year.

Funding for capital redevelopment and major equipment purchases are sourced from the Department of Health; such funding is allocated according to need and after consideration of a supporting submission.

SIGNIFICANT EVENTS OCCURRING AFTER BALANCE DATE

There were no events occurring after the balance sheet date.

STATEMENT OF PRIORITIES

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

Excellence in clinical governance

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

Goals	Health Service Deliverables	Achievements/ Outcomes
MA1 Develop strong and effective relationships with consumer and clinical partners to drive service improvements as per the Partnering in healthcare framework.	MA1 Participate in the "Getting It Right First Time" program.	**Status: Achieved** In 2024/25 GV Health continued its pilot of the Getting It Right First Time (GIRFT) project in collaboration with the Victorian Managed Insurance Authority (VMIA), Victoria Agency for Health Information (VAHI), Safer Care Victoria (SCV) and the Hume Health Service Partnership. The project incorporated five procedures: Total Knee Replacement, Total Hip Replacement, Fracture Neck of Femurs, Hip and Knee revisions. The initiative has delivered clear and measurable improvements across three key performance indicators, relative to baseline: reduction in length of stay for hip replacement patients, reduction in length of stay for hip fracture patients, and reduction in average time to surgery for hip fracture repairs. Furthermore. GV Health also commenced data submission to Australia-New Zealand Hip Fracture Registry from 26 May 2025. GV Health aims to expand the GIRFT program from a pilot phase to full scale rollout in 2025-2026.
MA2 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.	MA2 Improve paediatric patient outcomes by implementing the "ViCTOR track and trigger" observation chart and escalation system whenever children have observations taken.	**Status: Achieved** The use of ViCTOR charts has now been fully embedded in all relevant areas at GV Health, including in the Emergency Department and in recovery. Escalation of care happens when a child's vitals fall outside the normal range. Regular auditing is conducted under Standard 8 with no issues identified.

MA6 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.	MA6 Implement Timely Emergency Care Emergency Department Workstream actions related to Short Stay Unit Model of Care Redesign and Fast-Track Model of Care Redesign.	**Status: Achieved** Redesign processes have been completed and new models of care have been implemented for both the Short Stay Unit and the Fast Track areas. The use of Short Stay pathways will continue to be monitored and adapted as required as part of a business-as-usual quality improvement approach.
MA7 Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.	MA7 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.	**Status: Achieved** In 2024/25 GV Health engaged in three Safer Care Victoria initiatives aimed at improving the quality and safety of mental health services (reducing compulsory treatment, elimination of restrictive intervention, and improving sexual safety) establishing working parties, commencing data collection, participating in Safer Care Victoria learning sessions, workshops and coaching calls, and commencing Plan-Do-Study-Act improvement cycles for two programs. Implementation will continue in 2025-26, along with participation in the "Adopting Zero Suicide Framework", which is expected to commence in Q1 2025-26.
MA9 Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.	MA9 Implement and scale same day surgery models of care in line with Safer Care Victoria's Expanding Day Surgery recommendations.	**Status: Achieved** The same day model of care has been rolled out in cohorts of surgical patients. This has assisted in bed flow and access to beds throughout GV Health.

Operate within budget

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

Goals	Health Service Deliverables	Achievements/ Outcomes
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.	MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.	**Status: Achieved** In 2024/25, GV Health implemented a budget action plan and financial management improvement plan to reduce the cost base of the health service to ensure ongoing financial sustainability. The outcomes of these plans were delivered across the financial year enabling the health service to operate within budget.
	MB1 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.	**Status: Ongoing** In late 2024, GV Health commenced a new project to identify cross-organisational reporting needs and data sources. This work is ongoing, and will enable GV Health to streamline access to critical performance data, while supporting evidence-based decision making. The key project outcome will be to inform future system requirements at GV Health to provide staff with optimised access to useful data, empowering staff to improve organisational efficiency and operational performance, and ensure financial sustainability. This work is ongoing, with further investigation into a Business Intelligence Directorate to be undertaken. This project would require significant investment and resources in improved systems, and collaboration with Hume Network health services.

Improving equitable access to healthcare and wellbeing

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

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

Goals	Health Service Deliverables	Achievements/ Outcomes
MC1 Address service access issues and equity of health outcomes for priority communities, including LGBTIQA+ communities, multicultural communities, people with disability and rural and regional people, including more support for primary, community, home-based and virtual care, and addiction services.	MC1 Embed the Institute for Healthcare Improvement's Quintuple Aims in the GV Health Strategic Plan 2024-2026.	**Status: Achieved** This is complete, as evidenced in the the following five pillars in the GV Health Strategic Plan 2024-2026. Pillar 1: Health and wellbeing outcomes Pillar 2: Community and Consumer Experience Pillar 2: Our Staff Experience Pillar 4: Responsible Workplace Pillar 5: Health Equity
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.	MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	**Status: Achieved** In 2024/25, GV Health undertook a significant upgrade to its Minya Barmah Room. The traditional Yorta Yorta meaning of Minya Barmah is "a spiritual meeting place". The Minya Barmah room is a welcoming space where Aboriginal and Torres Strait Islander patients, families, and carers can have a yarn and a cuppa, visit, and wait for their loved ones. The Aboriginal Liaison team is also located in the Minya Barmah Room and can meet with visitors there. The refurbishment delivered improved amenities, and increased meeting and office space, with a design that reflects regional cultural influences. GV Health has also rolled out Acknowledgement of Country Plaques (wall decals) across the Shepparton Hospital site, with work continuing at GV Health's Tatura, Rushworth, Corio Street, and Euroa campuses.
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.	MC4 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.	**Status: Achieved** GV Health has rolled out mandatory Aboriginal Cultural Training for all staff. GV Health Board Directors and Executive participated in Aboriginal and Torres Strait Islander Cultural Safety Training developed and delivered by independent, expert, community-controlled Training organisation-Aldara Yenara.

A stronger workforce

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

Goals	Health Service Deliverables	Achievements/ Outcomes
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.	MD1 Implement the four overarching initiatives within the Intensive Workforce Support Program within agreed timeframes with a particular focus on Emergency Department Clinical Director and senior medical staff, other joint appointments and models for nursing and allied health recruitment.	**Status: Ongoing** Work under all four of the IWSP (Intensive Workforce Support Program) initiatives has continued. All intensivist FTE under the joint partnership with St Vincents has been filled. GV Health has had some success in filling Senior Medical Staff Emergency Department vacant FTE via the joint partnership approach, with some ongoing vacancies. A recent IWSP Progress Report highlighted: overall workforce vacancy rate pre-IWSP (April 2023) of 19.7% compared to the March 2025 rate of 10.8%, a variance of -8.9%. Overall workforce turnover rate pre-IWSP (April 2023) was 13.54%, compared to 10.77% in March 2025, a variance of -2.77%. Many positive gains have been made, with targted efforts to continnue under the IWSP in 2025-26, focusing on vacancies where external factors continue to have an impact, including allied health.
MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.	MD2 Continuing to support the implementation of medium and long-term priorities of the Mental Health Workforce Strategy.	**Satus: Achieved** GV Health's Mental Health team has enacted a transformation plan outlining eight priorities stemming from the Royal Commission into Victoria's Mental Health System. New age-related streams are being implemented and a change impact process has successfully been completed.

Moving from competition to collaboration

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

Goals	Health Service Deliverables	Achievements/ Outcomes
ME1 Partner with other organisations (e.g., community health, ACCHOs, PHNs, General Practice, and private health) to drive further collaboration and build a more integrated system.	ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.	**Status: Ongoing** In 2024/25 GV Health partnered with a range of community health organisations, including ACCHOs and PHNs, to drive collaboration and improve integration of the health services in the region. This included the development of a Health and Wellbeing Booklet, a resource for Aboriginal and Torres Strait Islander People in the Hume region, as part of a draft Primary Care and Population Health Action Plan 2025–2027. The Health and Wellbeing booklet is the key outcome from the Aboriginal Health Innovation working group, a collaborative project led by the Hume Health Service Partnership (HHSP), and is intended to enhance Residential in Reach (RIR) established Community of Practice across all Hume region RIR sites. Working in partnership with HHSP, several other collaborative innovations, reports and surveys were completed, including: a whole of Hume Residential Aged Care Facility survey and gap analysis to identify areas of concern for RACF clients, clarification of geographical boundaries for RIR services, the commencement of a new RIR service, and expansion of existing services to include Nurse Practitioners and a telehealth Model of Care. All aspects of this collaboration are aimed at improving care for residential aged care clients across the Hume region.

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.	ME2 Partner with mental health and wellbeing services in the local region to implement mental health reform.	**Status: Achieved** GV Health provides the following services to the Greater Shepparton, Strathbogie and Moira Mental Health and Wellbeing Local: - Clinical Director - Alcohol and Drugs Nurse - Mental Health Nurse - Psychiatry Registrar - Dietician - Exercise Physiologist Local Mental Health Services are delivered by a multidisciplinary workforce including consumer and family peer workers, mental health clinicians and wellbeing support workers. Priority is given to people who experience barriers to access and/or people who face the greatest barriers to good health and wellbeing.
EA6,EA7 Perform and coordinate public health functions (including responding to notifiable conditions and population health) as the leading health service of a Local Public Health Unit (LPHU), working with other entities within the local public health catchment.	EA6 LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities (BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.	**Status: Achieved** Goulburn Valley Public Health Unit (GVPHU) has reviewed and updated both the GV Health Primary Care and Population Health Plan and the wider GVPHU Population Health Catchment Plan ahead of the 25-26 financial year. These plans underpin a significant number of initiatives and projects, including initiatives relating to: viral hepatitis eradication; prevention activities related to the novel Japanese Encephalitis virus; community based programs for achieving equitable cancer screening; development of a catchment-wide sustainable food systems strategy; and seasonal prevention activities to minimise the health burden of seasonal respiratory viruses in residential aged care facilities.
	EA7 LPHUs manage and deliver local public health responses to integrated notifiable conditions—including COVID-19—within their catchment.	**Status: Achieved** GVPHU has managed all notifications that it has received across a range of 80 conditions within acceptable timeframes as defined by statewide protocols (and generally responded much more rapidly than required). Of note, the team has adapted well in responding to a range of novel outbreak situations across the catchment, including avian influenza, anthrax, brucellosis, japanese encephalitis, and measles.

PERFORMANCE PRIORITIES

Key Performance Measure	Target	Outcome
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	91%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	›0.645	0.798
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	Achieved
Aged care		
Public sector residential aged care services overall star rating	Minimum rating of 3 stars	Achieved
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	90.7%
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice[1] compared to non-Aboriginal patients	0%	1%
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments non-Aboriginal patients	0%	3%
Mental Health[2]		
Mental Health Patient Experience		
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	Unavailable*
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	Unavailable*
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service.	90%	Unavailable*
Mental Health follow-ups, readmissions, and seclusions		
Percentage of consumers followed up within 7 days of separation—inpatient.	88%	72%
Percentage of consumers re-admitted within 28 days of separation—inpatient.	<14%	13%
Percentage of consumers re-admitted within 28 days of separation—inpatient.	‹6	3

*The Your Experience of Service (YES) and Carer Experience (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. Finalised data was unavailable at the time of preparing and submitting the 2024–25 annual reports.

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

[2] *Mental health measures previously reported at age cohort-level have been aggregated for the purposes of the 2024-25 PMF. In line with recommendations made by the Royal Commission into Victoria's Mental Health System, performance against these measures will continue to be managed, tracked and reported at a disaggregated level for CAMHS, adults and older persons. Underperformance on the disaggregated measures will continue to be raised with health services, and escalated as needed.*

STRONG GOVERNANCE, LEADERSHIP, AND CULTURE

Key Performance Measure	Target	Outcome
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions.	80%	66%

TIMELY ACCESS TO CARE

Key Performance Measure	Target	Outcome
Planned Surgery		
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%	84.1%
Number of patients admitted from the planned surgery waiting list	3,568	2,717
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	9.5%	22.3%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	1.32	1.34
Emergency Care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	68%	56%
Number of emergency patients with a length of stay in the ED greater than 24 hours	Zero	756
Mean ED length of stay (admitted) in minutes	564	652
Mean ED length of stay (non-admitted) in minutes	240	259
Inpatient length of stay in minutes	3,743	3,880
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	43%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	69%
Number of admitted mental health occupied bed days	7,300	7,491
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	95.9%
Home Based Care		
Percentage of admitted bed days delivered at home	6.7%	6.4%

EFFECTIVE FINANCIAL MANAGEMENT

Key Performance Measure	Target	Outcome
Operating result ($M)	0.00	0.05m
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.88
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

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

FUNDING AND ACTIVITY

Funding type	2024/25 Activity Achievement
Consolidate Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	40,795
Acute admitted mental health NWAU	1,590
Acute Admitted	
Acute admitted TAC	206
Acute admitted DVA	167
Sub-Acute/Non-Acute, Admitted & Non-admitted	
Sub-Acute—DVA	14
Transition Care—Bed Days	8,002
Transition Care—Home Days	17,257
Aged Care	
Residential Aged Care	17,192
HACC	6,923
Mental Health and Drug Services	
Mental Health Ambulatory	39,324
Mental Health Residential	6,766
Drug Services	2,258
Primary Health	
Community Health / Primary Care Programs	10,692
Other	
Health Workforce	122
Total Funding	

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

ATTESTATIONS

FINANCIAL MANAGEMENT COMPLIANCE

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

Michael Delahunty
Board Chair
19 August 2025

DATA INTEGRITY

I, Matt Sharp certify that Goulburn Valley Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Goulburn Valley Health has critically reviewed these controls and processes during the year.

Matt Sharp
Chief Executive
19 August 2025

CONFLICT OF INTEREST

I, Matt Sharp, certify that Goulburn Valley 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 Goulburn Valley 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.

Matt Sharp
Chief Executive
19 August 2025

INTEGRITY, FRAUD AND CORRUPTION

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

Matt Sharp
Chief Executive
19 August 2025

HEALTH SHARE VICTORIA PURCHASING POLICIES

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

Matt Sharp
Chief Executive
19 August 2025

DISCLOSURE INDEX

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

LEGISLATION	REQUIREMENT	PAGE REFERENCE
STANDING DIRECTIONS AND FINANCIAL REPORTING DIRECTIONS		
REPORT OF OPERATIONS		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	2
FRD 22	Purpose, functions, powers, and duties	8
FRD 22	Nature and range of services provided	9
FRD 22	Activities, programs, and achievements for the reporting period	16
FRD 22	Significant changes in key initiatives and expectations for the future	17
Management and structure		
FRD 22	Organisational structure	15
FRD 22	Workforce data/employment and conduct principles	25
FRD 22	Workforce inclusion policy	26
FRD 22	Occupational Health and Safety	25
Financial and other information		
FRD 22	Summary of the financial results for the year	33
FRD 22	Significant changes in financial position during the year	33
FRD 22	Operational and budgetary objectives and performance against objectives	34
FRD 22	Subsequent events	34
FRD 22	Details of consultancies under $10,000	31
FRD 22	Details of consultancies over $10,000	31
FRD 22	Disclosure of government advertising expenditure	32
FRD 22	Disclosure of ICT expenditure	31
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	29
FRD 22	Disclosure of reviews and study expenses	32
FRD 22	Disclosure of grants and transfer payments	32
FRD 22	Application and operation of Freedom of Information Act 1982	26
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	26
FRD 22	Application and operation of Public Interest Disclosure Act 2012	26
FRD 22	Statement on National Competition Policy	26
FRD 22	Application and operation of Carers Recognition Act 2012	26
FRD 22	Additional information available on request	31
FRD 24	Environmental data reporting	26
FRD 25	Local Jobs First Act 2003 disclosures	26
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	42
SD 5.2.3	Declaration in Report of Operations	42
	Attestation on Data Integrity	42
	Attestation on managing Conflicts of Interest	42
	Attestation on Integrity, Fraud, and Corruption	42
	Compliance with Health Share Victoria (HSV) Purchasing Policies	42
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2024-2025	34
	Occupational Violence reporting	25
	Reporting obligations under the Safe Patient Care Act 2015	26
	Reporting of compliance regarding Car Parking Fees (if applicable)	26
Financial statements		
Declaration		
SD 5.2.2	Declaration in financial statements	See Financial Statements section
Other requirements under Standing Directions 5.2		
SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	
SD 5.2.1(a)	Compliance with Standing Directions	
SD 5.2.1(b)	Compliance with Model Financial Report	
Other disclosures as required by FRDs in notes to the financial statements (a)(b)	*Notes: References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure. Refer to the Model financial statements section (Part two) for further details.*	
FRD 11	Disclosure of Ex gratia Expenses	
FRD 103	Non-Financial Physical Assets	
FRD 110	Cash Flow Statements	
FRD 112	Defined Benefit Superannuation Obligations	
FRD 114	Financial Instruments – general government entities and public non-financial corporations	
Legislation		
Freedom of Information Act 1982 (Vic) (FOI Act)		26
Building Act 1993		26
Public Interest Disclosures Act 2012		26
Carers Recognition Act 2012		26
Local Jobs Act 2003		26
Financial Management Act 1994 (b) (as above)		42

FINANCIAL REPORT

2024-25

GV Health

Financial Report

How this report is structured

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

Financial Statements

Financial Year Ended 30 June 2025

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

The attached financial statements for GV Health have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994* , applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of GV 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 the 19 August 2025.

Michael Delahunty
Board Chair
Shepparton
19 August 2025

Matt Sharp
Chief Executive
Shepparton
19 August 2025

Jason Wells
Chief Finance Officer
Shepparton
19 August 2025

Independent Auditor's Report

Victorian Auditor-General's Office

To the Board of Goulburn Valley Health

Opinion	I have audited the financial report of Goulburn Valley 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 policy information • board member's, accountable officer's and chief finance & accounting officer's declaration. In my opinion the financial report presents fairly, in all material respects, the financial position of the health service as at 30 June 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 Australian Accounting Standards – Simplified Disclosures.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Financial Management Act 1994*, and for such internal control as the Board determines is necessary to enable the preparation 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.

Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
21 August 2025

Comprehensive Operating Statement
GV Health
Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	266,105	225,721
Other sources of income	2.1	210,962	201,609
Non-operating activities		4,921	5,168
Total revenue and income from transactions		**481,988**	**432,499**
Expenses from transactions			
Employee expenses	3.1	(350,732)	(338,997)
Depreciation and amortisation		(24,753)	(19,424)
Other operating expenses	3.1	(117,632)	(116,328)
Total expenses from transactions		**(493,117)**	**(474,751)**
Net result from transactions - net operating balance		**(11,128)**	**(42,251)**
Other economic flows included in net result			
Net gain/(loss) on sale of non-financial assets		303	277
Net gain/(loss) on financial instruments		(516)	21
Other gain/(loss) from other economic flows		(205)	163
Share of net profits/(losses) of joint entities, excluding dividends		(1)	(2)
Total other economic flows included in net result		**(419)**	**459**
Net result		**(11,547)**	**(41,792)**
Other economic flows - other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus		-	58,345
Total other comprehensive income		**-**	**58,345**
Comprehensive result		**(11,547)**	**16,552**

This statement should be read in conjunction with the accompanying notes

Balance Sheet
GV Health
Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Financial assets			
Cash and cash equivalents	6.1	79,126	87,854
Receivables	5.1	24,652	19,033
Total financial assets		**103,778**	**106,887**
Non-financial assets			
Prepayments		2,846	8,364
Inventories		2,319	1,916
Property, plant and equipment	4.1	398,499	409,273
Intangible assets		752	946
Total non-financial assets		**404,417**	**420,498**
Total assets		**508,194**	**527,386**
Liabilities			
Payables	5.3	34,018	53,074
Contract liabilities	5.4	3,023	1,831
Borrowings		4,061	4,604
Employee benefits	3.1(b)	86,197	76,829
Other liabilities	5.5	16,439	15,043
Total liabilities		**143,738**	**151,381**
Net assets		**364,457**	**376,005**
Equity			
Property, plant and equipment revaluation surplus		200,503	200,503
Reserves		53,724	56,268
Contributed capital		47,189	47,189
Accumulated surplus		63,041	72,045
Total equity		**364,457**	**376,005**

This balance sheet should be read in conjunction with the accompanying notes.

Cash Flow Statement
GV Health
Financial Year Ended 30 June 2025

	Note	2025 $'000	2024 $'000
Cash flows from operating activities			
Operating grants from State Government		382,056	329,154
Operating grants from Commonwealth Government		53,862	48,177
Capital grants from State Government		9,080	15,676
Capital grants from Commonwealth Government		504	553
Donations and bequests received		197	198
GST received from ATO		14,421	15,561
Interest received		4,903	5,014
Other receipts		31,308	35,919
Total receipts		**496,331**	**450,252**
Payments to employees		(305,049)	(278,409)
Payments for supplies and consumables		(122,938)	(150,757)
Finance costs		(205)	(216)
GST paid to ATO		(2,144)	(1,774)
Payment for share of Hume Rural Health Alliance		(552)	(476)
Other payments		(64,527)	(37,320)
Total payments		**(495,415)**	**(468,952)**
Net cash flows from/(used in) operating activities		**915**	**(18,700)**
Cash flows from investing activities			
Proceeds from disposal of non-finanical assest		314	281
Purchase of non-financial assets		(12,443)	(12,611)
Capital donations and bequests received		550	320
Other capital receipts		1,693	988
Net cash flows from/(used in) investing activities		**(9,886)**	**(11,022)**
Cash flows from financing activities			
Repayment of borrowings and principal portion of lease liabilities		(1,152)	(1,201)
Repayment of accommodation deposits		(3,631)	(2,688)
Receipt of accommodation deposits		5,366	2,230
Payment of monies in trust		(339)	(346)
Net cash flows from/(used in) financing activities		**244**	**(2,005)**
Net increase/(decrease) in cash and cash equivalents held		**(8,728)**	**(31,727)**
Cash and cash equivalents at beginning of year		87,854	119,581
Cash and cash equivalents at end of year	6.1	**79,126**	**87,854**

This statement should be read in conjunction with the accompanying notes

Statement of Changes in Equity

GV Health

Financial Year Ended 30 June 2025

	Revaluation surplus $'000	General purpose reserve $'000	Restricted specific purpose reserve $'000	Contributed capital $'000	Accumulated surplus $'000	Total $'000
Balance at 1 July 2023	**142,158**	**53,759**	**2,509**	**47,189**	**113,838**	**359,453**
Net result for the year	-	-	-	-	(41,792)	(41,792)
Other comprehensive income for the year	58,345	-	-	-	-	58,345
Balance at 30 June 2024	**200,503**	**53,759**	**2,509**	**47,189**	**72,045**	**376,005**
Net result for the year	-	-	-	-	(11,547)	(11,547)
Transfer from/(to) accumulated surplus	-	(2,163)	(379)	-	2,542	-
Balance at 30 June 2025	**200,503**	**51,595**	**2,130**	**47,189**	**63,041**	**364,457**

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

Notes to the Financial Statements

Note 1: About this Report

These financial statements represent the consolidated financial statements of GV Health for the year ended 30 June 2025.

GV Health is a not-for-profit entity established as a public health service under the *Health Services Act 1988 (Vic).* A description of the nature of its operations and its principal activities is included in the Report of Operations, which does not form part of these financial statements.

This section explains the basis of preparing the financial statements.

Structure

1.1 Basis of preparation

1.2 Material accounting estimates and judgements

1.3 Reporting Entity

1.4 Economic dependency

Note 1.1: Basis of preparation

These financial statements are general purpose financial statements which have been prepared in accordance with AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and Financial Reporting Direction 101 A*pplication of Tiers of Australian Accounting Standards* (FRD 101).

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the Board of GV Health on 19 August 2025.

Note 1.2: Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

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

Note 1.3: Reporting Entity

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

GV Health's principal address is:

Graham Street

Shepparton, Victoria 3630

Note 1.4: Economic dependency

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

Note 2: Funding delivery of our services

GV Health's overall objective is to provide quality health services that promote healthy communities and improve the quality of life of Victorians. GV Health is predominantly funded by grant funding for the provision of outputs. GV Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Note 2.1: Revenue and income from transactions

	Note	2025 $'000	2024 $'000
Revenue from contracts with customers	2.1(a)	266,105	225,721
Other sources of income	2.1(b)	210,962	201,609
Total revenue and income from transactions		**477,066**	**427,331**

Note 2.1(a): Revenue from contracts with customers

	2025 $'000	2024 $'000
Government grants (State) - Operating	192,585	156,640
Government grants (Commonwealth) - Operating	54,456	48,678
Patient and resident fees	5,486	5,757
Private practice fees	28	94
Commercial activities	13,550	14,552
Total revenue from contracts with customers	**266,105**	**225,721**

How we recognise revenue from contracts with customers

Government grants

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

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

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

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

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

Government grant	Performance obligation
Commonwealth Residential Aged Care Grants (continued)	Revenue is recognised at the point in time, when the service is provided within the residential aged care facility.
Dental Health Victoria Funding	The Victorian Government funds Dental Health Services Victoria (DHSV) to provide a dental health program to eligible Victorians. This includes the Smile Squad program that provides free dental care to all Victorian primary and secondary school students. Victorian public dental services are purchased by DHSV to meet the conditions of the Statement of Priorities (SoP) agreed between the Victorian Minister for Health and DHSV. Services purchased by DHSV from agencies are for the provision of public oral health services that are of high value, preventive and health outcome focussed; and aligned with Government and DHSV policies, guidelines and strategic directions.
	The purchased services are to be provided to eligible Victorians and those participating in the Smile Squad program, with a targeted number of people to be given oral health care at a total cost measured in Dental Weighted Activity Units (DWAU). Revenue is recognised at the point in time, when the dental service is provided to the public.
Other Victorian and Commonwealth funding	GV Health receives various funding initiatives for the provision of health services from both the Victorian and Commonwealth government. The performance obligations are defined in accordance with the levels of activity agreed to within each grant agreement. Revenue is recognised at a point in time, when the service is provided.

Patient and resident fees

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

Note 2.1(b): Other sources of income

	2025 $'000	2024 $'000
Government grants (State) - Operating	182,996	170,733
Government grants (State) - Capital	12,891	18,099
Other capital purpose income	2,417	1,265
Capital donations	550	320
Assets received free of charge or for nominal charge	534	293
Other income from operating activities (including non-capital donations)	9,614	9,097
Share of income from HRHA	1,960	1,802
Total other sources of income	**210,962**	**201,609**

How we recognise other sources of income

Government grants

GV 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 GV Health has an unconditional right to receive cash which usually coincides with receipt of cash. On initial recognition or the asset, GV Health recognises any related contributions by owners, increases in liabilities, decreases in assets or revenue (related amounts) in accordance with other Australian Accounting Standards.

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

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 GV 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 GV 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.

Note 3: The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Note 3.1: Expenses incurred in the delivery of services

	Note	2025 $'000	2024 $'000
Employee expenses	3.1(a)	350,732	338,997
Other operating expenses	3.1(c)	117,632	116,328
Total expenses incurred in the delivery of services		**468,364**	**455,326**

Note 3.1(a): Employee expenses

	2025 $'000	2024 $'000
Salaries and wages	286,886	263,074
Defined contribution superannuation expense	28,111	24,749
Defined benefit superannuation expense	20	138
Agency expenses	25,889	42,325
Fee for service medical officer expenses	9,825	8,711
Total employee expenses	**350,732**	**338,997**

How we recognise employee expenses

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

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

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

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

Note 3.1(b): Employee-related provisions

	2025 $'000	2024 $'000
Current provisions for employee benefits		
Accrued days off	802	753
Annual leave	33,531	30,233
Long service leave	33,692	30,015
Provision for on-costs	9,326	7,800
Total current provisions for employee benefits	**77,352**	**68,801**
Non-current provisions for employee benefits		
Conditional long service leave entitlements	7,772	7,064
Provision for on-costs	1,073	964
Total non-current provisions for employee benefits	**8,845**	**8,027**
Total provisions for employee benefits	**86,197**	**76,829**

How we recognise employee-related provisions

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 GV Health does not have an unconditional right to defer settlements of these liabilities.

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

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

Long service leave

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

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where GV 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 GV Health expects to wholly settle within 12 months or
- present value – if GV Health does not expect to wholly settle within 12 months.

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

Provision for on-costs related to employee benefits

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(c): Other operating expenses

	2025 $'000	2024 $'000
Other operating expenses		
Drug supplies	22,847	19,055
Medical and surgical supplies (including prostheses)	12,526	12,566
Diagnostic and radiology supplies	6,264	6,982
Other supplies and consumables	33,722	35,852

Note 3.1(c): Other operating expenses (continued)

	2025 $'000	2024 $'000
Short term leases expense	2,025	1,959
Low value lease expense	-	2
Finance costs	120	125
Fuel, light, power and water	3,335	3,175
Repairs and maintenance	3,101	2,533
Medical indemnity insurance	5,509	4,642
Maintenance contracts	3,714	3,649
Other administrative expenses	22,218	24,024
Share of expenses from HRHA	2,250	1,763
Total other operating expenses	**117,632**	**116,328**

How we recognise other operating expenses

Expense recognition

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

Other operating expenses

Other operating expenses generally represent the day-to-day running costs incurred in normal operations.

The Department of Health also makes certain payments on behalf of GV Health. These amounts have been brought to account in determining the operating result for the year, by recording them as revenue (Refer to Note 2.1(c)) and recording a corresponding expense.

Note 4: Key assets to support service delivery

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

Structure

4.1 Property, plant and equipment

4.2 Depreciation and amortisation

Note 4.1: Property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $'000	2024 $'000	2025 $'000	2024 $'000	2025 $'000	2024 $'000
Land at fair value - Freehold	15,777	15,777	-	-	15,777	15,777
Buildings at fair value	375,645	375,504	(19,616)	(965)	356,029	374,539
Buildings at cost	9,947	-	(83)	-	9,864	-
Works in progress at cost	4,861	4,396	-	-	4,861	4,396
Plant, equipment and vehicles at fair value	21,573	21,324	(15,999)	(14,768)	5,574	6,556
Medical equipment	31,463	29,656	(25,125)	(21,721)	6,338	7,935
Share of PPE from HRHA	190	192	(135)	(121)	55	71
Total property, plant and equipment	**459,457**	**446,848**	**(60,958)**	**(37,575)**	**398,499**	**409,273**

How we recognise property, plant and equipment

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

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

	Land $'000	Buildings $'000	Work in progress $'000	Plant, equipment & vehicles $'000	Medical Equipment $'000	HRHA $'000	Total $'000
Balance at 1 July 2024	**15,777**	**374,539**	**4,396**	**6,556**	**7,935**	**71**	**409,273**
Additions	-	72	10,412	1,123	1,597	13	13,218
Disposals	-	-	-	(114)	(11)	-	(125)
Assets provided free of charge	-	-	-	108	299	-	407
Revaluation increments/(decrements)	-	69	-	-	-	3	72
HRHA member share adjustment	-	-	-	-	-	(3)	(3)
Net transfer between classes	-	9,947	(9,947)	-	-	-	-
Depreciation	-	(18,734)	-	(2,099)	(3,482)	(27)	(24,342)
Balance at 30 June 2025	**15,777**	**365,893**	**4,861**	**5,574**	**6,338**	**55**	**398,499**

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

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
Buildings at fair value	2,571	2,430	(1,339)	(965)	1,232	1,465
Plant, equipment and vehicles at fair value	4,866	5,308	(2,072)	(2,202)	2,794	3,105
Share of right-of-use assets from HRHA	64	75	(37)	(40)	27	35
Total right-of-use assets	**7,501**	**7,813**	**(3,448)**	**(3,207)**	**4,053**	**4,606**

	Buildings $'000	Plant, equipment & vehicles $'000	HRHA $'000	Total $'000
Balance at 1 July 2024	**1,465**	**3,105**	**35**	**4,606**
Additions	72	537	-	609
Disposals	-	(114)	-	(114)
Revaluation increments/(decrements)	69	-	-	69
Depreciation	(374)	(735)	(7)	(1,116)
Balance at 30 June 2025	**1,232**	**2,794**	**27**	**4,053**

How we recognise right-of-use assets

Initial recognition

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

Unless the lease is considered a short-term lease or a lease of a low-value asset the contract gives rise to a right-of-use asset and corresponding lease liability.

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

- any lease payments made at or before the commencement date
- any initial direct costs incurred

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

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.

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

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

Note 4.1(c): Impairment of property, plant and equipment

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

Note 4.2: Depreciation and amortisation

How we recognise depreciation

All buildings, plant and equipment and other non-financial physical assets (excluding items under land) 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 GV 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 expected useful lives of non-current assets on which the depreciation and amortisation charges are based.

	2025	2024
Buildings	6 to 55 years	6 to 55 years
Leasehold buildings	5 to 8 years	5 to 8 years
Plant, equipment and vehicles	3 to 15 years	3 to 15 years
Medical equipment	3 to 15 years	3 to 15 years
Intangible assets	3 to 10 years	3 to 10 years

Note 5: Other assets and liabilities

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

Structure

5.1 Receivables
5.2 Impairment of financial assets
5.3 Payables
5.4 Contract liabilities
5.5 Other liabilities

Note 5.1: Receivables

	Note	2025 $'000	2024 $'000
Current receivables			
Contractual			
Trade receivables		1,886	916
Patient fees		1,005	1,211

Note 5.1: Receivables (continued)

	Note	2025 $'000	2024 $'000
Allowance for impairment losses	5.2	(385)	(300)
Accrued revenue		4,966	2,078
Amounts receivable from governments and agencies		1,222	1,048
Share of receivables from HRHA		420	307
Total contractual receivables		**9,113**	**5,260**
Statutory			
GST receivable		981	1,708
Total statutory receivables		**981**	**1,708**
Total current receivables		**10,094**	**6,968**
Non-current receivables			
Contractual			
Long service leave - Department of Health		14,419	11,899
Trade receivables		138	166
Total non-current receivables		**14,558**	**12,065**
Total receivables		**24,652**	**19,033**
(i) Financial assets classified as receivables			
Total receivables		24,652	19,033
GST receivable		(981)	(1,708)
Total financial assets classifies as receivables	**7.1**	**23,671**	**17,325**

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. GV Health holds contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

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

Note 5.2: Impairment of financial assets

	Note	2025 $'000	2024 $'000
Impairment loss on contractual receivables			
From transactions	5.1	(385)	(300)
Total impairment of financial assets		**(385)**	**(300)**

How we recognise impairment of financial assets

GV Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's expected credit loss approach. GV Health's contractual receivables and statutory receivables are subject to this impairment assessment. Contract assets recognised are also subject to the impairment requirement of AASB 9, however contract assets are immaterial.

Note 5.2: Impairment of financial assets (continued)

GV Health applies the simplified approach, which requires the loss allowances to always be measured at an amount equal to lifetime expected credit losses. The loss allowance is based on assumptions about risk of default and expected loss rates.

Contractual receivables at amortised cost

GV Health has grouped contractual receivables on shared credit risk characteristics and days past due and has selected the expected credit loss rate based on GV Health's past history, existing market conditions, as well as forward looking estimates at the end of the financial year.

The expected credit loss rates applied at 30 June 2025 vary from 0.2% for contractual receivables that are current to 2.8% for contractual receivables that are more than 90 days past due (30 June 2024: from 0.0% to 0.2%).

Statutory receivables at amortised cost

The statutory receivables are considered to have low credit risk, taking into account the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months of expected credit losses. No loss allowance has been recognised.

Note 5.3: Payables

	Note	2025 $'000	2024 $'000
Current payables			
Contractual			
Trade creditors		2,310	3,372
Accrued salaries and wages		10,094	9,283
Accrued expenses		14,704	15,148
Inter hospital creditors		-	3
Amounts payable to governments and agencies		6,724	25,154
Share of payables from HRHA		187	113
Total contractual payables		**34,018**	**53,074**
Total payables		**34,018**	**53,074**
(i) Financial liabilities classified as payables			
Total payables		34,018	53,074
Total financial liabilities classified as payables	**7.1**	**34,018**	**53,074**

How we recognise payables

Payables consist of:

- **Contractual payables**, including payables that relate to the purchase of goods and services. These payables are classified as financial instruments and measured at amortised cost. Accounts payable and salaries and wages payable represent liabilities for goods and services provided to the GV Health prior to the end of the financial year that are unpaid.
- **Statutory payables**, including Goods and Services Tax (GST) payable. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from contracts.

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

Note 5.4: Contract liabilities

	2025 $'000	2024 $'000
Current		
Contract liabilities	1,576	1,149
Share of payables from HRHA	1,447	682
Total current contract liabilities	**3,023**	**1,831**

How we recognise contract liabilities

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

Note 5.5: Other liabilities

	Note	2025 $'000	2024 $'000
Current monies held it trust			
Patient monies		-	5
Refundable accommodation deposits		10,402	8,666
Government grants - Hume region programs		5,899	5,971
Other monies		139	147
Share of other liabilities from HRHA		-	254
Total current monies held it trust		**16,439**	**15,043**
Total other liabilities		**16,439**	**15,043**
***Represented by:**			
- Cash assets	6.1	16,439	15,043
		16,439	**15,043**

How we recognise other liabilities

Refundable Accommodation Deposit (RAD) / Accommodation bond liabilities

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

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

Note 6: How we finance our operations

This section provides information on the sources of finance utilised by GV Health during its operations, along with interest expenses (the cost of borrowings) and other information related to financing activities of GV 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 Cash and cash equivalents
6.2 Commitments for expenditure

Note 6.1: Cash and cash equivalents

	Note	2025 $'000	2024 $'000
Cash on hand (excluding monies held in trust)		15	19
Cash at bank (excluding monies held in trust)		403	1,204
Cash at bank - CBS (excluding monies held in trust)		60,624	70,082
Share of cash and cash equivalents from HRHA		1,645	1,505
Total cash held for operations		**62,687**	**72,811**
Cash at bank (monies held in trust)		6,037	6,377
Cash at bank (monies held in trust - RAD/Accommodation bonds)		10,402	8,666
Total cash held as monies in trust		**16,439**	**15,043**
Total cash and cash equivalents	7.1	**79,126**	**87,854**

Note 6.2: Commitments for expenditure

	Less than 1 year $'000	1-5 years $'000	Total $'000
30 June 2025			
Capital expenditure commitments	14,118	38,685	52,803
Total commitments (inclusive of GST)	**14,118**	**38,685**	**52,803**
Less GST recoverable	(1,283)	(3,517)	(4,800)
Total commitments (exclusive of GST)	**12,835**	**35,168**	**48,003**

	Less than 1 year $'000	1-5 Years $'000	Total $'000
30 June 2024			
Capital expenditure commitments	333	-	333
Total commitments (inclusive of GST)	**333**	**-**	**333**
Less GST recoverable	(30)		(30)
Total commitments (exclusive of GST)	**302**	**-**	**302**

How we disclose our commitments

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

Expenditure commitments

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

Short term and low value leases

GV Health discloses short term and low value lease commitments which are excluded from the measurement of right-of-use assets and lease liabilities.

Note 7: Risks, contingencies and valuation uncertainties

GV Health is exposed to risks 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 GV Health is related mainly to fair value determination.

Structure

7.1 Financial instruments

7.2 Contingent assets and contingent liabilities

7.3 Fair value determination

Note 7.1: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of GV Health's activities, certain financial assets and financial liabilities arise under statute rather than a contract (for example, taxes). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation.*

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	79,126	4,903
Receivables	5.1	23,671	-
Total financial assets[i]		**102,796**	**4,903**

Note 7.1: Financial instruments (continued)

30 June 2025	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial liabilities at amortised cost			
Payables	5.3	34,018	-
Borrowings		4,061	-
Other financial liabilities	5.5	6,037	-
Other financial liabilities - Refundable Accommodation Deposits	5.5	10,402	-
Total financial liabilities		**54,518**	**-**

30 June 2024	Note	Carrying amount $'000	Total interest income/ (expense) $'000
Financial assets at amortised cost			
Cash and cash equivalents	6.1	87,854	5,015
Receivables	5.1	17,325	-
Total financial assets[i]		**105,179**	**5,015**
Financial liabilities at amortised cost			
Payables	5.3	53,074	-
Borrowings		4,604	-
Other financial liabilities	5.5	6,118	-
Other financial liabilities - Refundable Accommodation Deposits	5.5	8,666	-
Other financial liabilities - patient monies held in trust	5.5	5	-
Total financial liabilities		**72,466**	**-**

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

How we categorise financial instruments

Financial assets at amortised cost

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

- the assets are held by GV Health solely to collect the contractual cash flows and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specific dates.

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

GV Health recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)

Categories of financial liabilities

Financial liabilities at amortised cost

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

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

Note 7.1: Financial instruments (continued)

GV Health recognises the following liabilities in this category:

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

Derecognition of financial assets

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

- the rights to receive cash flows from the asset have expired or
- GV 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
- GV 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 GV Health has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of GV 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 between amortised cost, fair value through net result and fair value through other comprehensive income when, and only when, GV 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: Contingent assets and contingent liabilities

At balance date, the Board are not aware of any contingent asset.

GV Health has entered into an agreement for the lease of staff accommodation in Graham Street, Shepparton. The lease is dependent on uncertain future events not wholly within the control of the entity, such as the developer being granted funding under the Regional Worked Accommodation Fund, and therefore is disclosed as a contingent liability. If the conditions are met, the lease will cost GV Health $4.26m over the 10-year lease term starting in the year ending 30 June 2026.

How we measure and disclose contingent assets and contingent liabilities

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

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

Contingent assets

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

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 GV Health or
- present obligations that arise from past events but are not recognised because:
  - it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or
  - the amount of the obligations cannot be measured with sufficient reliability.

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

Note 7.3: Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- financial assets and liabilities at fair value through net result
- financial assets and liabilities at fair value through other comprehensive income
- property, plant and equipment
- right-of-use assets

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

Valuation hierarchy

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

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

GV Health determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period. There have been no transfers between levels during the period.

GV 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 GV Health's independent valuation agency for property, plant and equipment.

Fair value determination: non-financial physical assets

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

The last scheduled full independent valuation of all of GV Health's non-financial physical assets was performed by VGV on 30 June 2024. The annual fair value assessment for 30 June 2025 using VGV indices does not identify material changes in value. In accordance with FRD 103, GV Health will reflect Appendix F in its next scheduled formal revaluation on 30 June 2029 or interim revaluation process (whichever is earlier). All annual fair value assessments thereafter will continue compliance with Appendix F.

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

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. From this analysis, an appropriate rate per square metre has been applied to the asset.

Specialised land and specialised buildings

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

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

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

Note 7.3: Fair value determination (continued)

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

For GV Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation.

Vehicles

Vehicles are valued using the current replacement cost method. GV Health acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in GV Health's who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Furniture, fittings, plant and equipment

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

Significant assumptions

Description of significant assumptions applied to fair value measurement:

Asset class	Likely valuation approach	Significant assumption
Specialised land	Market approach	Community service obligations (CSO) adjustments [i]
Specialised buildings	Current replacement cost approach	Cost per square metre Useful life
Plant, equipment and vehicles	Current replacement cost approach	Cost per unit Useful life

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

Note 8: Other disclosures

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

Structure

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

Note 8.1: Ex-gratia expenses

In accordance with FRD 11A *Disclosure of ex-gratia expenses* , there were no ex-gratia expenses required to be disclosed for GV Health in 2025 (2024: none).

Note 8.2: Responsible persons disclosures

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

Responsible Ministers	**Period**	
The Honourable Mary-Anne Thomas MP:		
Minister for Health	1 July 2024	30 June 2025
Former Minister for Health Infrastructure	1 July 2024	19 December 2024
The Honourable Ingrid Stitt Williams MP:		
Minister for Mental Health	1 July 2024	30 June 2025
Minister for Ageing	1 July 2024	30 June 2025

Note 8.2: Responsible persons disclosures (continued)

	Period	
The Honourable Lizzie Blandthorn MP:		
Minister for Children	1 July 2024	30 June 2025
Minister for Disability		
The Honourable Melissa Horne MP:		
Minister for Health Infrastructure	19 December 2024	30 June 2025
Governing Board	1 July 2024	30 June 2025
Michael Delahunty (Chair of the Board)	1 July 2024	30 June 2025
Dr Julia Cornwell McKean	1 July 2024	30 June 2025
Nicole Inglis	1 July 2024	30 June 2025
Cathy Jones	1 July 2024	30 June 2025
Dr Richard King AM	1 July 2024	30 June 2025
Michael Milne	1 July 2024	30 June 2025
Victor Sekulov	1 July 2024	30 June 2025
Professor Wanda Stelmach	1 July 2024	30 June 2025
Michael Tehan OAM	1 July 2024	30 June 2025
Accountable Officer		
Matt Sharp (Chief Executive)	1 July 2024	30 June 2025

Remuneration of responsible persons

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

Income Band	**2025 No**	**2024 No**
$20,000 - $29,999	8	8
$60,000 - $69,999	1	1
$470,000 - $479,999	1	1
Total	**10**	**10**

	2025 $'000	**2024 $'000**
Total remuneration received or due and receivable by Responsible Persons from GV Health amounted to:	**772**	**769**

Amounts relating to the Governing Board Members and Accountable Officer are disclosed within GV Health's financial statements. Amounts relating to Responsible Ministers are reported within the State's Annual Financial Report.

Note 8.3: Remuneration of executives

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

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

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 8.3: Remuneration of executives (continued)

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

	Total Remuneration	
	2025 $'000	2024 $'000
Total remuneration [i]	2,681	2,293
Total number of executives	11	10
Total annualised employee equivalent [ii]	10.30	8.40

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

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

Note 8.4: Related parties

GV Health is a wholly owned and controlled entity of the State of Victoria. Related parties of GV 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
- jointly controlled operations - lead member of the Hume Rural Health Alliance and
- all health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Significant transactions with government related entities

GV Health received funding from the Department of Health of $388.3m (2024: $366.9m) and indirect contributions of $3.4m (2024: $4.5m). Balances outstanding as at 30 June 2025 are $6.7m (2024: $1.0m)

Expenses incurred by GV 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 for Finance require the GV Health to hold cash (in excess of working capital) in accordance with the State of Victoria's centralised banking arrangements. All borrowings are required to be sourced from Treasury Corporation Victoria unless an exemption has been approved by the Minister for Health and the Treasurer.

Key management personnel

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of GV Health directly or indirectly.

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

Entity	KMP's	Position Title
GV Health	Michael Delahunty	Chair of the Board
GV Health	Dr Julia Cornwell McKean	Board member
GV Health	Nicole Inglis	Board member
GV Health	Cathy Jones	Board member
GV Health	Dr Richard King AM	Board member
GV Health	Michael Milne	Board member
GV Health	Victor Sekulov	Board member
GV Health	Professor Wanda Stelmach	Board member
GV Health	Michael Tehan OAM	Board member
GV Health	Matt Sharp	Chief Executive
GV Health	Tim Cannon	Chief Corporate Affairs Officer
GV Health	Andrew Freeman	Executive Director Hume Health Service Partnership
GV Health	Joshua Freeman	Executive Director Community Care, Mental Health / Chief Allied Health Officer
GV Health	Neelu Kaur	Chief Information Officer of Hume Rural Health Alliance
GV Health	Karen Linford	Chief People Officer

Note 8.4: Related parties (continued)

Entity	KMP's	Position Title
GV Health	Dr Humsha Naidoo	Chief Medical Officer (appointed 17 February 2025)
GV Health	Donna Sherringham	Chief Operating Officer
GV Health	Kellie Thompson	Executive Director Quality, Risk & Innovation / Chief Nurse & Midwifery Officer
GV Health	Shane Tremellen	Executive Director Capital Projects, Infrastructure & Support Services
GV Health	Jason Wells	Chief Finance Officer / Chief Procurement Officer / Executive Director Information & Technology

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

	2025 $'000	2024 $'000
Total compensation - KMP's	**3,453**	**3,062**

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

Transactions with KMPs and other related parties

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

Outside of normal citizen type transactions with the GV 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).

Except for the transaction listed below, there were no other related party transactions required to be disclosed for GV Health Board of Directors, Chief Executive and Executive Directors in 2025 (2024: none).

Related party transactions

- Matt Sharp (Chief Executive) is also a Board Director of Murray Primary Health Network (PHN).

The transactions between the two entities relate to reimbursements made by GV Health to the Murray PHN for goods and services and the transfer of funds by way of distributions made to the health service. All dealings are in the normal course of business and are on normal commercial terms and conditions.

- Karen Linford (Chief People Officer) spouse is the owner of Arbor Tree and Stump Removal

The transactions between the two entities related to the after hours removal of tree branches paid by GV Health. All dealings are in the normal course of business and are on normal commercial terms and conditions.

	2025 $'000	2024 $'000
Distributions of funds by GV Health - Murray PHN	1,470	1,979
Distributions of funds by GV Health - Arbor Tree Stump Removal	1	-
	1,471	**1,979**

Note 8.5: Remuneration of auditors

	2025 $'000	2024 $'000
Victorian Auditor-General's Office		
Audit of the financial statements	70	68
Total remuneration of auditors	**70**	**68**

Note 8.6: Events occurring after the balance sheet date

There were no events occurring after the balance sheet date.

Note 8.7: Joint arrangements

All public hospitals and public health services established or declared under the *Health Services Act 1988*, must enter into an Alliance in the region where they are geographically located and operate in accordance with the terms of the Joint Venture Agreement.

GV Health is a member of HRHA and also operates as the lead member. As such, GV Health acts as an authorised agent of the Alliance, the nominated employer of Alliance employees and the trustee of the Alliance assets.

Name of Entity	Principle Activity	Ownership Interest	
		2025 %	2024 %
Hume Rural Health Alliance (HRHA)	To improve patient safety, health and care experiences by providing resilient technology services. HRHA works with the Department of Health to rollout state wide initiatives to the member health services in alignment with the Victorian Digital Health Roadmap.	12.67	13.14

For the year ended 30 June 2025, GV Health's share of the joint operations financials was:

	2025 $'000	2024 $'000
Total revenue and income	1,990	1,821
Total expenses	(2,278)	(1,787)
Total net result	**(288)**	**34**
Total other economic flows	(1)	(2)
Comprehensive result for the year	**(289)**	**32**
Total assets	2,182	1,925
Total liabilities	1,661	1,085
Net assets	**521**	**840**

*Figures obtained from the audited Hume Rural Health Alliance annual report

Contingent liabilities and capital commitments

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

GV Health

www.gvhealth.org.au