

Annual Report 2024-25

Helping people live
healthy, productive
and fulfilled lives.





Acknowledgement of Traditional Owners

Austin Health acknowledges the Traditional Owners of the lands we live and work on, the Wurundjeri people of the Kulin Nation. We pay our respects to Elders and the ongoing connections of the oldest living culture in the world. We support the important role First Nations Peoples continuously hold in our society and are committed to providing culturally safe services that will assist us in achieving our vision for reconciliation.

About this Report

This report outlines the operational and financial performance for the period 1 July 2024 to 30 June 2025. There were four relevant ministers for the reporting period:

- The Hon. Mary-Anne Thomas, Minister for Health and Minister for Ambulance Services (1 July 2024–30 June 2025), Minister for Health Infrastructure (1 July 2024–19 December 2024)
- The Hon. Ingrid Stitt, Minister for Mental Health and Minister for Ageing (1 July 2024–30 June 2025)
- The Hon. Lizzie Blandthorn, Minister for Disability and Minister for Children (1 July 2024–30 June 2025)
- The Hon. Melissa Horne, Minister for Health Infrastructure (19 December 2024–30 June 2025)

Austin Health is a public health service and body corporate pursuant to section 65P of the *Health Services Act 1988* (Vic).

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Message from the Board Chair and the CEO

Austin Health is represented each and every day by our 11,285 staff. We extend our deep thanks to our workforce for their commitment to help people live healthy and productive lives through the provision of safe and quality care. Supporting our staff, while growing the workforce of the future, is a key priority for us. We are proud to be the largest training provider for specialist physicians, surgeons, nurses and Allied Health staff in Victoria. This is a credit to our past and current workforce and we acknowledge the substantial contribution this makes to the future of healthcare across the state.

This year, we celebrate some major milestones including a record number of planned surgeries and a record number of transplants. Austin Health continues to push boundaries by not only offering quality care across our three main campuses but further afield through our statewide and national services.

Austin Health is passionate about improving cultural safety and health outcomes for Aboriginal and Torres Strait Islander patients. Informed by a cultural review of our service, we have endorsed a new Aboriginal and Torres Strait Islander health structure, comprising a range of new positions, including Director First Nations, After-hours Aboriginal and Torres Strait Islander Health Liaison Officer, Cultural Safety Educator, and Engagement & Employment Advisor.

This is vitally important and we look forward to embedding the new structure in the coming year. We also acknowledge those who have actively engaged in this work, and thank our committed Ngarrja Jarra team for their leadership and support in delivering better health outcomes and experience for our First Nations community.

Another ongoing focus area has been improving access to emergency care. Together, across the health service, our staff have delivered significant improvements to assist ambulance offload times – our approach formed the basis for the statewide standards for safe and timely ambulance and emergency care. To enhance meeting the needs of our community, we are committed to delivering high quality care across our sites, and in peoples' homes and to innovate to deliver new and improved models of care. The Emergency Department Stabilisation project, planned for September 2025 to 2028, will support an additional 30,000 patients each year and will allow further improvement at our health service.

In May, we were deeply saddened by the passing of Professor Rinaldo Bellomo AO, recognised as one of the most exceptional clinician academics in the world and someone, who in his over 30 years at Austin Health, challenged himself and those with whom he worked to strive to improve the care we provide and the good we can collectively do. He will be missed.



In 2024-25 we were excited to recognise the incredible contribution of two of our volunteers at the Diamond Creek Op Shop, Yvonne Dunt and Claire Weaver, both of whom have given 50 years of volunteer service to Austin Health and were inducted into the Victorian Public Healthcare Awards' 'Health Volunteer Honour Roll'.

We also wish to acknowledge Dr Christine Bessell, who finished her third and final term on the Board on 30 June 2025. During her nine years of service to the Board, Christine made a significant contribution to the governance of Austin Health, serving on a broad range of Board committees and holding key roles of Acting Board Chair, Clinical Safety and Quality Committee Chair, and Primary Care and Population Health Committee Chair.

Our success as a health service was recognised more broadly during the year, with Austin Health winning two awards at the 2024 Victorian Public Healthcare Awards and being a finalist in two other categories. In the Partnering in Healthcare Category, Austin Health and Swan Hill District Health won for their project I-HEART, a virtual regional heart failure service, while the Hospital Disability Identifier Project, which Austin Health worked heavily on with hospitals in the Parkville precinct, was awarded the Partnering with Consumers to Improve Patient Experience Award. We were a finalist for the work of Austin Health researchers on the Beating Buruli Program, as well as the Premier's Large Health Service of the Year Award.

Looking ahead, we are collaborating to maximise opportunities with the North Metro and Mitchell Local Health Service Network partners, (Mercy Health (Mercy Hospital for Women), Northern Health and Seymour Health). This initiative marks a significant step towards delivering better-connected, more accessible healthcare for our communities. Together, our services will drive improvements to benefit the wider community and our workforces, while each maintaining our unique identity and local connections.

Partnership continues to be a focus for hospital-based research, and we celebrate our more than 1,300 world-leading researchers, and the affiliations with research institutes. Our commitment to research is enduring, and we are focusing on new approaches to governance at Austin Health that will streamline the rapid translation of research and integration of evidence-based practice into care.

There is no doubt that our operating environment is changing and challenging. We need to keep adapting and working with our communities to ensure we remain responsive, and to seize every opportunity to enhance our services. We are grateful for the extraordinary work and commitment of our staff, who bring Austin Health's purpose to life every day. We also thank our committed Board for the strategic oversight they provide, and the Executive team who willingly address the challenges facing our health service. With this strong leadership, Austin Health will continue to deliver for its local community, while pursuing excellence in the provision of statewide and national services.

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



A handwritten signature in black ink, reading "Ross Cooke".

Ross Cooke OAM, Board Chair



A handwritten signature in black ink, reading "Jodie Geissler".

Jodie Geissler, CEO



Farewell to Adam Horsburgh

We want to acknowledge the leadership of Adam Horsburgh, who finished as Austin Health CEO on 31 July 2024 after four years in the position. Adam provided remarkable stewardship for our health service during his time as CEO, helping us to navigate the unprecedented challenges of the COVID-19 pandemic and putting in place our current strategic plan and a range of supporting strategies to help guide the future trajectory of Austin Health. We thank Adam for his dedication to Austin Health.

Introducing Jodie Geissler, Chief Executive Officer

Following a highly competitive search, Jodie Geissler was appointed as Austin Health's new Chief Executive Officer, starting on 24 March 2025.

With over 20 years' experience in strategic and operational roles across various Victorian Government departments and hospitals, Jodie brings exceptional skills, along with a strong patient-centred and system-improvement focus.

Most recently, Jodie was Deputy Secretary, Hospitals & Health Services Division at the Department of Health Victoria, where she was responsible for the service commissioning and operational performance of all Victorian hospitals and health services, ambulance services and aged care.

Previously, Jodie was the Chief Executive Officer for the Royal Commission into Victoria's Mental Health System where she led the full operationalisation of the Commission, managed state-wide engagement processes with communities and delivered the Commission reports. Her impressive work history also includes roles in the Department of Premier & Cabinet, The Royal Melbourne Hospital, The Royal Children's Hospital and Peter MacCallum Cancer Centre.

With this fantastic experience, Jodie is extremely well placed to lead Austin Health and our Board and service warmly welcome her to the role.

Ross Cooke OAM



Thanking Cameron Goodyear

We extend our genuine and deep gratitude to Cameron Goodyear for his tenure as Chief Executive Officer (Interim) from August 2024 to March 2025. We thank Cameron for the great work in leading Austin Health during this period.

Cameron has now returned to his substantive role as Chief Operating Officer and Deputy CEO and continues to provide the principled, professional and engaging leadership for which he is known throughout the sector.

About Austin Health

The right care in the right places

Austin Health provides a range of health services throughout the communities we serve. These services include the specialists at the Health and Rehabilitation Centre, a range of Health Independence Programs, a robust and effective mental health service and an innovative Hospital in the Home service.

An array of specialist care services

We offer specialist care for specialist needs including emergency medicine, cancer, infectious diseases, obesity, organ and tissue transplantation, spinal cord injury, acquired brain injury, intensive care medicine, cardiac care, neurology, endocrinology, mental health, respiratory, toxicology, child mental health and rehabilitation.

Internationally recognised clinical teaching and training

Austin Health is recognised around the world for our high standards of teaching, professional education and training. We foster the next generation of care providers through affiliations with 16 universities and four TAFEs. We are also the largest training provider for specialist physicians and surgeons in Victoria.



Creating a thriving research ecosystem

Our centre of excellence for hospital-based research brings together more than 1,300 world-leading researchers and leading research institutes. Through our research partners we streamline our approach to research which rewards our patients and partners with rapid translation and integration of evidence-based practice.

The Austin-Mercy Health and Education Precinct has a strong focus on responsive, collaborative research in partnership with:

- Austin Medical Research Foundation
- Florey Institute of Neuroscience and Mental Health
- Institute for Breathing and Sleep
- La Trobe University
- Mercy Hospital for Women
- Olivia Newton-John Cancer Research Institute
- Parent-Infant Research Institute
- Spinal Research Institute
- University of Melbourne
- Victorian Translational Research Institute.

This multidisciplinary alliance comprises world-class scientific leaders who conduct research into neuroscience and mental health research, cancer, critical care medicine, transplantation, diabetes, respiratory and sleep.



Responding to the care needs of all Victorians

We are proud to provide statewide services to residents across Victoria. These include:

- Acquired Brain Injury Unit
- Austin Toxicology Service
- Victorian Liver Transplant Unit
- Victorian Poisons Information Centre
- Victorian Respiratory Support Service
- Victorian Spinal Cord Service.

Centres of care



Austin Hospital

Austin Hospital cares for the current and future needs of the people living in the north-east of metropolitan Melbourne and Victoria.

The hospital has 24 wards accommodating medical, surgical and speciality services and more than 550 beds, including a 29-bed intensive care unit and a 78-bed precinct for the care of patients with mental health disorders. This also includes a substantial 24-cubicle Emergency Department with a dedicated six-bed children's area, as well as 24 short stay beds for adults, children and mental health clients.

The hospital also has 11 operating theatres providing agile, responsive emergency surgery and are available for selected elective surgery and procedures.

The hospital is home to many unique teaching, training and research facilities.



Olivia Newton-John Cancer Wellness Centre at Austin Hospital

A part of Austin Hospital, the Olivia Newton-John Cancer Wellness Centre (ONJ Centre) is a leading cancer research and treatment hospital. The ONJ Centre provides world-leading treatment, evidence-based wellness programs and supportive care that nurture the physical, psychological and emotional wellbeing of patients, carers, and families.

With more than 200 clinical trials undertaken every year, the centre is a world leader in cancer medicine. Our recent successes include new advances in immunotherapy, targeted therapy and personalised medicine diagnostics.



The site also provides a range of mental health services. These incorporate a Brain Disorders Program, including a Community Brain Disorders Assessment and Treatment Service, a 33-bed specialist ward and a behaviour consultancy service for people with acquired brain injuries.

A range of creative therapies including art, music and garden therapy further aid recovery and treatment.

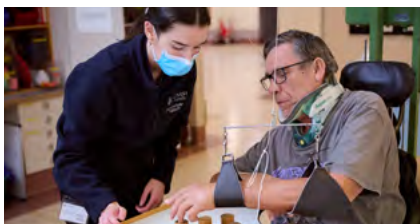


Heidelberg Repatriation Hospital

The Heidelberg Repatriation Hospital has evolved from a returned services hospital to a thriving care centre for a growing community. Offering 152 beds, the hospital provides responsive and proactive care to the community, including:

- **surgery** – eight operating theatres serviced by specialists across multidisciplinary teams
- **mental health** – our mental health precinct houses the state-wide Psychological Trauma Recovery Service, Community Recovery Program and Transition Support Unit
- **aged care** – aged care community programs, including assessment and management services for older people moving into Residential Aged Care, and support for returning home after receiving inpatient care
- **outpatient rehabilitation services** – our Health and Rehabilitation Centre provides rehabilitation services, programs and clinics, including the Kokoda Gym, hydrotherapy pool and consulting rooms
- **leading community care** – supporting the community through the Northern Centre Against Sexual Assault.

In March we celebrated the 30 year anniversary of the Heidelberg Repatriation Hospital amalgamating with Austin Hospital with an event featuring Board Chair Ross Cooke OAM, CEO Jodie Geissler, state and local members, and a strong contingent of veterans. The anniversary served as a testament to the dedication of our staff, past and present, who have worked tirelessly to provide outstanding care.



Royal Talbot Rehabilitation Centre

Royal Talbot Rehabilitation Centre is a 77-bed facility offering specialist care and intensive rehabilitation.

The centre provides leading multi-disciplinary rehabilitation services for patients following amputation, stroke, spinal injury, surgery and other illnesses and injuries.

Partnerships

We work in partnership with other healthcare organisations to improve the health of people in the north east metropolitan region and beyond.

North East Metro Health Service Partnership

The North East Metro Health Service Partnership (NEMHSP) is a collaboration between the health services in the north east metropolitan area designed to deliver better outcomes for our patients, our people, and our community.

BAROC

The Ballarat Austin Radiation Oncology Centre (BAROC) is a partnership between Austin Health and Grampians Health Ballarat that provides Radiation Therapy services to the Ballarat and Grampians region.

North Eastern Public Health Unit

The North Eastern Public Health Unit (NEPHU) is one of nine local public health units established across the state.

The NEPHU is led by Austin Health in collaboration with Eastern Health and Northern Health and supports 18 local government areas with a combined population of about 1.6 million people.

The NEPHU provides a collaborative approach across health and community partners to protect the health of the community; prevent or minimise disease, illness and injury; and promote health and wellbeing at the community level.

North Metro & Mitchell Local Health Service Network

During 2024-25 Austin Health worked collaboratively in preparation for the establishment of the North Metro & Mitchell Local Health Service Network in July 2025.

Austin Health is proud to be joining Mercy Health (Mercy Hospital for Women), Northern Health and Seymour Health to form this network. Our role in the network will see us working collaboratively as we aim to provide care that is closer to home, easier to navigate, and tailored to the specific needs of our diverse populations.

Our purpose

At Austin Health, we are united with our people, partners and community for one purpose:
Helping people live healthy, productive and fulfilled lives.

Our vision

Shaping the future through exceptional care, discovery and learning.

Our values



**Our actions
show we care**



**We bring
our best**



**Together
we achieve**



**We shape
the future**

Our care at a glance



11,285
Dedicated staff



88,427
Emergency Department
presentations



122,723
Inpatients



19,185
Telehealth appointments

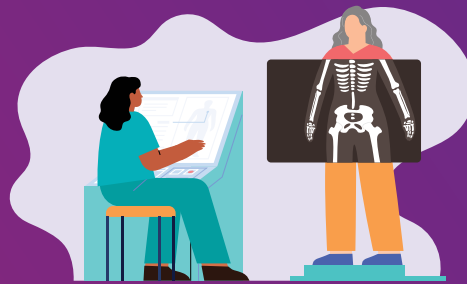


5,858
Hospital in the Home visits



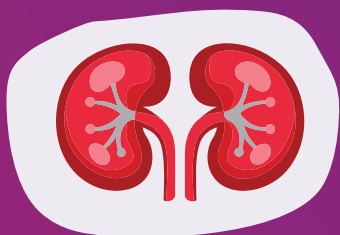
31

**Surgeries performed
using da Vinci Xi Robot**



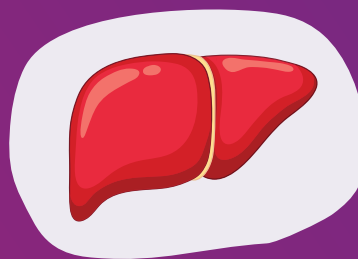
227,266

**Specialist Clinic
appointments**



91

Kidney transplants



87

Liver transplants



10,046

Chemotherapy sessions



2,173

Radiation sessions



29,093

Surgeries performed



Vale Professor Rinaldo Bellomo AO

Many of us at Austin Health lost a treasured colleague, mentor and friend when Professor Rinaldo Bellomo passed away in May 2025.

Rinaldo was the Director of Intensive Care Research and Staff Specialist in Intensive Care at Austin Health but this title vastly understates the profound contribution he has made to critical care medicine in Australia and worldwide.

Rinaldo is the most published and most cited medical researcher in the history of Australian medicine and his research has saved countless lives, not just here at Austin Health but globally. In addition to his role at Austin Health, Rinaldo was Senior Research Advisor and Staff Specialist in Intensive Care at the Department of Intensive Care, Royal Melbourne Hospital, and held roles at several universities and institutes in Australia and around the world.

In 2018, he was awarded an Officer of the Order of Australia for distinguished service to intensive care medicine as a biomedical scientist and researcher.

While his impact as a clinician academic was immense, Rinaldo will be best remembered by many for his warmth, wisdom, humility and humour and his heartfelt passion for people – whether that be patients for whom he advocated or colleagues he supported, advised and mentored. He believed in our power – both as individuals and collectively – to do good and it is this legacy that we should all strive to uphold.

His influence will be felt for generations – through the lives he saved, the researchers he inspired, and the values he lived by every day.



Strategic Plan

Our Strategy in action

Year two

It has been another year of significant achievement in relation to the Austin Health Strategic Plan 2023-27. Where year one of the strategy was focused on establishing supporting strategies and initiatives, year two has seen this focus shift to embedding the strategy across our health service, driving forward our strategic priorities, and building upon the successes and learnings from last year.

In 2024-25 we released our Nursing Strategy and continued to embed the Primary Care Strategy, People Strategy, Digital Health Strategy and Research Strategy, all of which were launched in 2023-24. We also continued development of our Environment, Social and Governance Strategy, which will be released in 2025-26.

Our year two spotlight initiatives

In the second year of our strategy we placed a focus on three key initiatives.

1. **Planned surgery optimisation**
2. **Embedding safe practices and Safewards**
3. **First Nations cultural safety**

Planned surgery optimisation

Significant work has been undertaken to optimise planned surgery over the past year. Initiatives have included theatre session modelling, conversion of overnight cases to day cases, and the establishment and growth of partnerships with external providers.

These collective efforts allowed us to achieve our planned surgery target for the year of 13,600 cases, marking a fantastic milestone for our health service and a great outcome for our patients and community.



This achievement is testament to the collaborative efforts among various teams involved in the delivery of planned surgery, demonstrating a collective focus on implementing efficiencies and improvements that ultimately drive better care for our patients. This collaboration extends well beyond theatres and wards and involved teams from across our health service at every stage of the patient journey. Those who helped make this result possible include surgical liaison nurses, allied health professionals, surgeons, anaesthetists, the Central Sterile Services Department team, theatre staff from the Austin Operating Suite and The Surgery Centre, as well as our wards and numerous support services across Austin Health who have assisted our patients. Throughout the year we fostered a culture where these various teams were encouraged to come together to track progress, determine the barriers to achieving the target, and coming up with ways to overcome these in order to drive improvements in process and outcomes.

To support our ambitions for optimising planned surgery across Austin Health, we invested in several initiatives during the year including running a series of all day weekend planned surgery lists at The Surgery Centre, reopening our Rapid Access Hub sessions at The Surgery Centre, and engaging with clinical teams to run super clinics to support more patients to prepare for their surgery.



Embedding safe practices and Safewards

We have taken further action to create safe and therapeutic environments for our patients, staff and visitors through the embedding of our Safewards initiative.

Safewards is a model of engagement and preventative strategy tool designed to reduce conflict and the use of restrictive practices. Safewards has already made a considerable impact, with a 20 per cent reduction in restrictive practices within our emergency department since it has been implemented.

After the successful implementation of Safewards in our mental health and emergency departments in 2023–24, we've expanded this initiative into our general medical ward and are now looking to expand to our subacute ward areas, with a focus on sustainability and measuring the success of the model in the general hospital setting. To assist in the embedding of this program across our health service we rolled out a Safewards online training module for all staff and also put a spotlight on our achievements and ambitions in marking International Safewards Day (10 July 2024).

Austin Health positioned itself as a leader in Safewards practice in Victoria, hosting the statewide 'Safewards Community of Practice' event on behalf of Safer Care Victoria.

In addition to hosting the event, which brought together health services from across the state, we were able to demonstrate our leadership by showcasing our impactful initiatives and progress in implementing the Safewards framework, and our commitment to improving staff safety and consumer care. In June, we also played a leading role in Safer Care, Victoria's Safewards Expansion Forum.

Central to success has been the ongoing integration of the lived and living experience perspective into how we embed Safewards across our health service and our staff training. Our approach to including the voice of lived experience consumers within our Safewards staff training is the first of its kind in Australia and has been celebrated by Safer Care Victoria and the broader mental health sector.





First Nations cultural safety

Austin Health is committed to supporting Aboriginal and Torres Strait Islander Peoples to feel safe and valued and this was demonstrated during the year through a series of key actions and initiatives.

We commissioned our first Cultural Safety Review, conducted by Weenthunga Health Network. The review provided 30 recommendations, half of which have already been delivered or are in progress. This review has also informed the development of a Cultural Safety Action Plan, which will be finalised in 2025-26.

We also conducted a survey about the experiences of Aboriginal and/or Torres Strait Islander staff. The survey, co-designed by Aboriginal and/or Torres Strait Islander staff, sought to understand how staff feel about the environment they work in and what we can do to enhance it.

As part of embedding cultural safety into the care we provide, we rolled out our 'Asking the Question' education and communication package. Asking patients when they arrive at our organisation if they are of Aboriginal or Torres Strait Islander origin provides an opportunity for patients to self-report their Indigenous status, and

allows us to offer appropriate services and ensure they are connected with the right networks including Ngarra Jarra, our Aboriginal Health Liaison Unit.

In collaboration with our health service partners in the North East Metro Health Service Partnership, a suite of education materials and tools were distributed to remind staff of the requirement to ask every patient every time they visit our health service if they are of Aboriginal and Torres Strait Islander origin, and the reasons why this is so important.

ACTER

In 2024-25, the Australian Centre for Transplantation Excellence and Research (ACTER) continued to strengthen Austin Health's leadership in transplantation through a program of coordinated clinical innovation, service redesign, and sector collaboration.



Austin Health performed 182 solid organ transplants this financial year, including 91 kidney, 87 liver, and 4 intestinal transplants – more than any other centre in Victoria and Tasmania. It was the first time in over two decades that more kidneys than livers were transplanted, reflecting both shifting donor characteristics and greater confidence in kidney utilisation. Austin Health also supported 79 stem cell transplants and 9 cellular therapies.

A key driver of improved kidney access has been the Victorian and Tasmanian Kidney Machine Perfusion Program, led by ACTER and supported by the Department of Health. This Australian-first initiative introduced statewide access to hypothermic oxygenated machine perfusion and implemented normothermic perfusion for organ assessment. Perfusion is the delivery of oxygenated blood to organs and tissues. Since the program's launch in late 2023, over 100 kidneys have been machine perfused, with a further 100 anticipated in the coming year. Perfused kidneys are now being transplanted at all adult kidney centres in Victoria.

Machine perfusion has enabled better preservation and assessment of kidneys, particularly from extended criteria donors. This has helped increase transplant numbers, reduce organ non-utilisation, and shift more surgeries into daytime hours, improving care quality and sustainability. It has also enabled more transplants for patients with higher risk profiles, including those from regional areas.

ACTER also hosts the nation's largest normothermic liver perfusion program, which enables the use of donor livers that may otherwise be declined. In 2024-25, 38 livers were assessed on perfusion devices, expanding access to life-saving liver transplantation and reducing dependence on prolonged intensive care in patients with liver failure.

2024-25 at a glance



38

**livers
assessed
on machine
perfusion**



79

**kidneys
supported
by machine
perfusion**



87

**liver
transplants**



91

**kidney
transplants**

Beyond procedural innovation, ACTER has taken steps to improve transplant care across the patient journey. A new transplant pharmacy service was introduced in 2024, addressing a long-standing gap in specialist medication support. Ten consumers with lived experience are now embedded across ACTER working groups, and a major co-designed project to map the transplant journey across kidney, liver, and stem cell transplantation is underway to inform a more holistic model of care.

Sector leadership has been another key focus. All Victorian adult kidney transplant centres are now accredited in hypothermic oxygenated machine perfusion through an ACTER-led process. ACTER contributes to national standards in machine perfusion and retrieval, and was a key voice in the recent Victorian Parliamentary Inquiry into organ and tissue donation.

Looking ahead, ACTER will continue to focus on improving referral pathways, implementing an integrated model of transplant operations, and supporting clinical research, including through the establishment of a dedicated machine perfusion research lab.

As a whole-of-service initiative, ACTER continues to evolve through the work of multidisciplinary teams and consumers. Its impact is reflected not only in transplant numbers, but in the design of services that are more patient-centred, more equitable, and more sustainable, with a focus on expert care.

The incredible work of ACTER is made possible thanks to the individuals and families who give the gift of organ donation.

“ACTER’s true success should not be measured solely in metrics; it should explore how we can best care for the patient and their family throughout the entire experience. The real measure of success is in how we provide comfort, dignity, and agency to every patient and their families.”

Transplant recipient



79

**stem cell
transplants**



4

**intestinal
transplants**



9

**cellular
therapies
administered**



Virtual and at home care

Throughout 2024-25 we placed a continued focus on our virtual and at-home care services, recognising the benefits these offerings provide for patients and their families by enabling them to receive the right care in the most appropriate place.

Virtual Ward

The Hospital in the Home - Virtual Care (HITH-VC) service continues to play a vital role in Austin Health's strategic vision of delivering the right care in the most appropriate place. By combining clinical expertise with innovative use of technology, the HITH-VC team enables patients to safely receive hospital-level care from the comfort of home.

In 2024-25, the team delivered over 1,600 admitted bed days via virtual care - an increase of more than 650 bed days compared to the previous year, representing 43 per cent growth. This expansion reflects both rising demand and growing confidence in the model across our health service.

Patients from a wide range of specialties, including General Medicine, Cardiac Surgery, Renal, Orthopaedics, Infectious Diseases, and Haematology, have been supported through HITH-VC. A key milestone this year was the admission of our first patient post-Liver Transplant, marking an exciting step in the program's ability to manage increasingly complex care at home.



Our strong partnership with Haematology continues to grow, with additional specialist input now embedded in the HITH team. Following the success of the Acute Leukaemia pathway, the launch of the OPMA (Outpatient Management of Autologous transplant) pathway is another major achievement - leveraging wearable monitoring and in-person nursing to care for high-acuity patients post-stem cell transplant.

Post-operative virtual care remains a priority. With support from Nursing, Medical, Pharmacy, and Physiotherapy teams, patients are transitioning home earlier while receiving comprehensive care and timely reviews. This has led to improved pain control and reduced ED presentations.

Feedback from patients consistently highlights a sense of safety, support, and satisfaction with virtual care - reinforcing the value of this service as a patient-centred, high-quality alternative to traditional inpatient care.

The HITH Virtual Care team are seen as leaders in the sector, presenting their model and outcomes at conferences, as part of a professional webinar series, and called upon by colleagues at other health services both in Australia and internationally to provide expertise.

Virtual Care is a key element of the Health Department 10-year plan, as well as Austin Health's strategic vision, and HITH Virtual Care is well placed to take on the new challenges and opportunities in this exciting area of health.



HITH-VC nurse on the way to see a patient



Top: Patient vital signs being monitored in real time.

Bottom: HITH-VC wearable device.

Better at Home

We have continued to expand our Better@Home offerings during the year, launching our Better@Home acute service to complement the existing Better@Home subacute, Day Oncology at Home, Intestinal Rehabilitation and Chronic Heart Failure services.

Better@Home acute, developed with teams from Continuing Care (Geriatric Medicine) and General Medicine, is a first of its kind service that combines acute medical management with comprehensive multidisciplinary assessment from the comfort of a person's home. The service aims to support patients over 65 years who present to the Emergency Department have their acute needs met at home and avoid unnecessary hospital admissions. It is an example of innovative models of care that focus on helping people to stay within the comfort of their own home while receiving safe, high-quality acute care traditionally delivered in a hospital setting.

The service has supported over 100 patients to receive acute care at home, collectively avoiding over 365 days that patients would have otherwise spent in hospital. Patient feedback has been extremely positive, with patient reported satisfaction of 9.8 out of 10.

“The Austin team were very efficient in getting my father back home recovering with Better@Home. At home, the doctor, pharmacist and physio were professional, knowledgeable and showed a lot of care.”

Family member of a Better@Home patient



First Nations

Austin Health is dedicated to improving the health and wellbeing of our Aboriginal and Torres Strait Islander patients and staff. The number of Indigenous patients accessing our services has continued to rise across all areas at Austin Health. There were 2,093 presentations of Aboriginal and/or Torres Strait Islander patients to the Emergency Department over the last year, an increase of 31 per cent on the previous year. 2,277 First Nations patients were admitted to our health service, with 88 per cent reporting they feel culturally safe at Austin Health.

20 years of Ngarra Jarra

This year marked a significant milestone: the 20th anniversary of Ngarra Jarra, our Aboriginal health unit.

Established in 2005 with just one team member, Ngarra Jarra has grown to become a vital part of our organisation, not least of all thanks to the work of our Aboriginal Health Liaison Officers.

This remarkable journey reflects our collective commitment to cultural inclusion and the value of Aboriginal and Torres Strait Islander perspectives in healthcare.

Ngarra Jarra has continued to grow, with a role dedicated to providing cultural support to patients who present to the Emergency Department out of hours. The benefit of this has been significant, demonstrating that 96 per cent of patients who were seen by the Aboriginal Health Liaison Officer while in the ED remained and completed their care.

Upholding culture

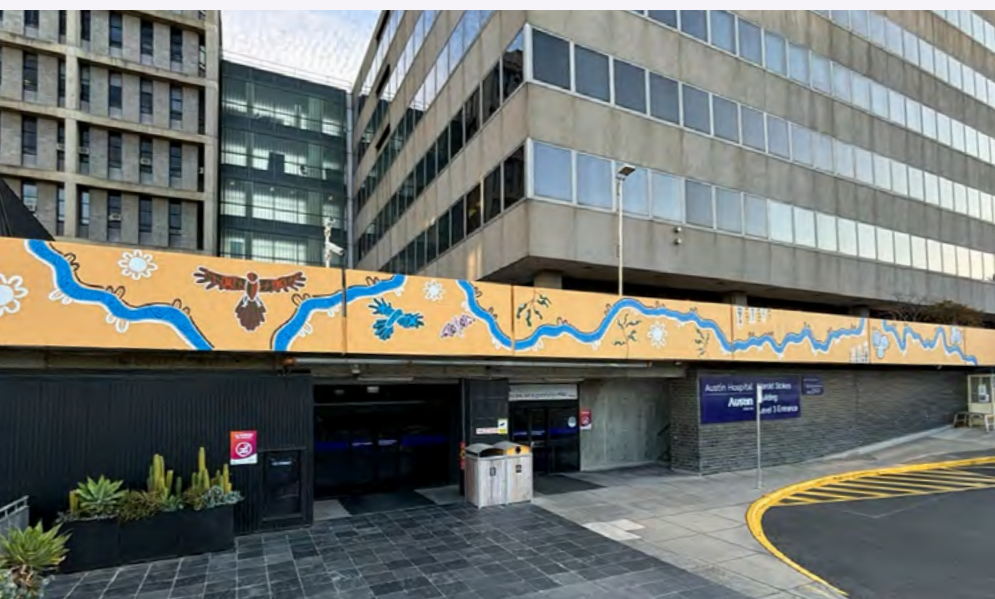
As the first Victorian hospital to implement a Smoking Ceremony and Sorry Business/Sad News procedure, we are dedicated to ensuring that First Nations culture and traditions are upheld and performed with respect. The Ngarra Jarra team facilitate smoking ceremonies for the community, supporting their spiritual healing.

Cultural Leave

We were thrilled to launch the updated Cultural Leave Guideline this year. Developed collaboratively with input from the Reconciliation Action Plan Committee, Aboriginal and Torres Strait Islander Health Governance Committee, and hospital executive, the guideline ensures our Aboriginal and Torres Strait Islander staff can meet their cultural obligations and participate in cultural activities during work hours.

First Nations artwork unveiled

Ensuring the community feels welcomed continues to be a priority as new artwork has been created and unveiled in the last year, including on window decals that are located at all major entrances. Wurundjeri artist and Elder Alex Kerr produced artwork at the entrance of the Emergency Department as well as a long mural located on the exterior of our Austin site. Patients receiving MRI guided radiation therapy are also welcomed by a beautiful display of this artwork on the doors leading into the treatment room.



Above: Artwork by Wurundjeri artist and Elder Alex Kerr.

Right: Morning Tea for Culture with Uncle Kutcha, proud Mutti Muttu, Yorta Yorta and Nari Nari man.



NAIDOC Week

NAIDOC Week 2024 (7–14 July) provided the entire Austin Health community the opportunity to celebrate and recognise the history, culture and achievements of Aboriginal and Torres Strait Islander Peoples.

We undertook a range of activities to mark NAIDOC Week including a smoking ceremony to mark the beginning of the week, a talk with a survivor of the Stolen Generations Aunty Eva-Jo Edwards, guest speakers at our Grand Round, distribution of a NAIDOC Week information card included on patient meal trays, and sharing of an Aboriginal and Torres Strait Islander Health Library Guide, to help library users find research articles, statistics, policy, cultural safety information, books and podcasts about the health and wellbeing of Aboriginal and Torres Strait Islander people. At the conclusion of the week Austin Health Board Chair Ross Cooke OAM wrote a moving reflection about NAIDOC Week, highlighting the importance of the occasion for the entire organisation.

At the Royal Talbot Rehabilitation Centre we held a Morning Tea for Culture, raising money for the Victorian Aboriginal Childcare Agency (VACCA). The event featured a special talk and performance from Uncle Kutcha Edwards, a proud Mutti Mutti, Yorta Yorta, Nari Nari songman.

Reconciliation Week

Reconciliation Week (27 May–3 June) was marked in 2025 with outreach to Austin Health staff to create connection to this important week and the milestones it commemorates. Staff were encouraged to engage with the week and its theme – Bridging Now to Next – through a range of complimentary educational resources.

Top: Smoking Ceremony for NAIDOC Week with proud Wotjobaluk woman, Ceara Larkins.

Bottom: Brit Gordon, Executive Sponsor for Aboriginal and Torres Strait Islander Governance and Chief Allied Health Officer.



Research

A reimagining of research at Austin Health

Research has had a renaissance over the past year with the Austin Health Office for Research undergoing a name change to the Discovery & Innovation Unit, signalling a progressive, bold approach to delivering the Research Strategy.

Commitment to this strategy has seen the team create a Research Hub with its move into the Melbourne Brain Centre, and the launch of Research Architect – the online platform to help collaborative teams drive and track all their research projects in one spot.

Our Discovery & Innovation unit is focusing on ‘data’ as a new system-wide flagship that positions us as a national leader in data-driven research into 2025-26. Not only does it translate directly into patient care, but it also pays homage to the instrumental work of the late Professor Rinaldo Bellomo. At its core is the DARE platform – Data Analytics, Research and Evaluation – an Austin-grown model, initiated by Professor Bellomo, and now led by Associate Professor Natasha Holmes.

“By naming data a flagship, we’re investing in research that transforms care – now and into the future. At its centre is the DARE platform, a home-grown innovation seeded by Professor Bellomo and now driving system-wide impact.”

Dr Heidi Gaulke, Director Operations, Discovery & Innovation Unit

2024/25 Austin Health research citations

Database	Number of citations
PubMed	1,694
Embase	1,889
Subtotal	3,583
Total after removal of duplicates/incorrect citations	2,085
Weekly average	40



Global Recognition for Austin Health Researchers

Austin Health is proud to be home to some of the world's most influential medical researchers. In 2024, three of our leading clinicians were named on Clarivate's Highly Cited Researchers list – an international benchmark that recognises scientists whose published work ranks in the top one per cent for citations worldwide.

This honour reflects not only individual excellence but teamwork and the strength of Austin Health's research culture and its impact on global healthcare.



Professor Christopher Rowe

As Director of Molecular Imaging Research at Austin Health, Professor Rowe has revolutionised the early diagnosis of neurodegenerative diseases. His work in PET imaging has led to earlier and more accurate detection of both Alzheimer's and Parkinson's disease, enabling the successful development of anti-amyloid therapy for Alzheimer's, transforming care pathways and improving outcomes for patients and families. His inclusion on the Clarivate list recognises a career dedicated to advancing brain health through innovation and collaboration.



Laureate Professor Ingrid Scheffer AO

A trailblazer in epilepsy research, Professor Scheffer's discoveries have changed how we understand and treat neurological disorders. Her collaborative team identified the first epilepsy gene and continues to lead global efforts in uncovering the genetic foundations of epilepsy and intellectual disability. Her work has not only deepened scientific knowledge – it has given hope to countless families navigating complex diagnoses and helped to guide management to improve outcomes.



Professor Rinaldo Bellomo

As Director of Intensive Care Research, the late Professor Bellomo made landmark contributions to the management of sepsis and critical illness. His research has shaped clinical practice in ICUs worldwide, improving survival and recovery for the most vulnerable patients. His recognition by Clarivate underscores the global reach and life-saving impact of his work.

Our prominent researchers

At Austin Health, our commitment to research is integral to our delivery of clinical care. Our team-based research approach ensures that patients are at the forefront across the health service. By focusing on the use of data to drive updates to practice, we continually enhance our ability to provide the best care for patients. This dedication enables us to excel in patient care across a wide array of specialties and community medicine.

We have the privilege of working with some exceptional researchers. Here are some examples of how they are contributing to their fields.



Professor Elif Ekinci

As Director of Diabetes at Austin Health, and more recently as Head of Diabetes Research, Professor Elif Ekinci has transformed how diabetes and its complications are detected and managed. A clinician scientist and academic endocrinologist, she leads a team pioneering early identification and intervention for patients with undiagnosed or poorly managed diabetes. Her work has revealed that two-thirds of patients over 54 admitted to Austin Health have either diabetes or pre-diabetes - insights that have reshaped inpatient care and changed multiple international guidelines many times. Her work also led to changes to international dietary guidelines for diabetes management.

In 2024, Professor Ekinci was named the Austin Medical Research Foundation Distinguished Scientist, recognising her national leadership in diabetes research and innovation. She is also the inaugural Director of the Australian Centre for Accelerating Diabetes Innovations (ACADI), a \$23 million initiative driving new therapies and technologies to market faster. ACADI has had significant impact in the field of diabetes and its complications in a short period of time, as determined by an independent review process. She recently secured ongoing funding for ACADI for the next 10 years as part of a strategic partnership with Diabetes Victoria. She established the Australian Diabetes Clinical Trial Network in collaboration with Diabetes Australia. In 2024, she established a unique world-first virtual emergency department for people with diabetes in partnership with Victorian Virtual Emergency Department - Northern Health, Diabetes Victoria, Ambulance Victoria, Royal Flying Doctors and Abbott.

At the University of Melbourne, she is the Head of the Department of Medicine and holds the Dame Kate Campbell Fellowship, awarded for outstanding research and community impact. Her career, marked by over 200 publications and more than \$50 million in research funding, reflects a deep commitment to improving outcomes for people with diabetes. At Austin, she leads her clinical trial unit, Centre for Research and Education in Diabetes and Obesity and has conducted over 60 investigator initiated and industry trials.

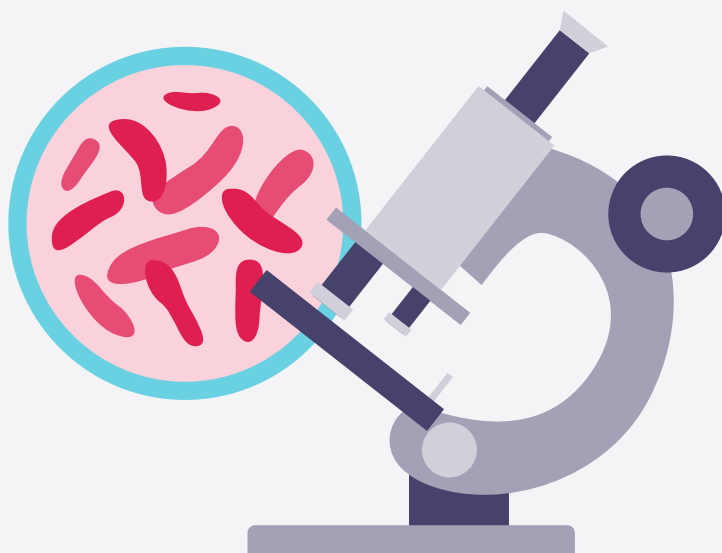


Dr Brooke Chapman

As a Senior Clinician in Nutrition and Dietetics at Austin Health, Dr Brooke Chapman is emerging as a powerful voice in clinical nutrition research, particularly in the care of patients with intestinal failure and advanced liver disease. Her work is reshaping how nutrition is understood and delivered in complex medical settings - where diet can be life-saving.

In 2021, Brooke was honoured with the Allied Health Professional Outstanding Achievement Award by the Intestinal Rehabilitation and Transplant Association, recognising her international leadership in nutritional care and research. Her research, including a recent randomised controlled trial targeting malnutrition and muscle loss in liver transplant patients, is building momentum and influencing practice across disciplines. She completed her PhD last year through the University of Melbourne.

With a growing portfolio of publications and a reputation for collaborative, translational research, Brooke is part of a new generation of allied health professionals driving change.



Celebrating Excellence in MND Research and Care

Austin Health researchers continue to lead the way in improving outcomes for people living with Motor Neurone Disease (MND). In 2024, Professor David Berlowitz, Dr Marnie Graco, and Dr Nicole Sheers were honoured at Parliament House by MND Australia, receiving national recognition for their contributions to research, clinical care, and advocacy. The awards marked MND Australia's 30th anniversary and Global MND Day, celebrating leaders whose work is changing lives.



Professor David Berlowitz

A lifetime achievement award recipient, Professor Berlowitz was recognised for building a team dedicated to advancing respiratory support for people with MND. As a physiotherapist and researcher, he has championed collaborative care models that improve survival and reduce the burden of disease. His leadership across Austin Health and the University of Melbourne has helped position the Victorian Respiratory Support Service as a national centre of excellence.



Dr Nicole Sheers

Dr Nicole Sheers is a clinical researcher and physiotherapist whose work in respiratory therapies improves everyday symptoms for people living with MND. As Chair of the MND Research Collective Clinical Care driving team, she leads multidisciplinary efforts to ensure the most advanced and compassionate care for people living with MND through research.



Dr Marnie Graco

Dr Marnie Graco is an implementation and health services researcher whose work at Austin Health is improving quality of life for people living with MND. She brings a strong focus on lived experience to her research, ensuring that patient voices guide clinical innovation. As Co-Chair of the Australian MND Guidelines "Research and Policymaker Advisory Group", Marnie is helping Austin Health lead the way in patient-centred, evidence-based care.



Dr Marnie Graco, Prof David Berlowitz and Dr Nicole Sheers.

Year in review

Caring for our veterans

The incredible work of our veteran liaison team was in the spotlight again this year, not least of all when we marked the 30-year anniversary of the Heidelberg Repatriation Hospital amalgamating with Austin Hospital. The anniversary event attracted a large attendance from veterans, highlighting the support our team provides to veterans who are patients at Austin Health and the connection this has created with our community.

Upgrades to patient care

During 2024–25 we completed a major upgrade to our surgical facilities at the Heidelberg Repatriation Hospital. The upgrade saw the successful modernisation of four operating theatres at the hospital and included new pendants and advanced technology, allowing us to perform a wider range of procedures with greater precision and safety.

Thanks to the generous contributions from our donors and support from the Victorian Health Building Authority, we enhanced not only the theatres but also the anaesthetic rooms, creating a more efficient and comfortable environment for staff and patients. Our commitment to excellence continues with plans to update the scrub area, ensuring that all aspects of our surgical facilities meet the highest standards.

Commemorative services

Patients, staff and the broader veteran community were invited to attend several commemorative services during the year. Services for Vietnam Veterans Day, National Servicemen's Day, Remembrance Day and ANZAC Day were held within the beautiful Remembrance Garden, with local residents, representatives from state, federal, and local governments, and children from the Austin Health Child Care Centre and local primary schools attending alongside staff, patients and veterans.



Above: Dr Bill Adam, past CEO Heidelberg Repatriation Hospital, Jodie Geissler, current CEO Austin Health, and Brendan Murphy, past CEO Austin Health.

Top right: Robert Winther OAM, Veteran Liaison Officer, with Simon Normand, artist of the mosaic.





Primary Care Strategy

At Austin Health we recognise that our health service plays one part in supporting the health of our community and that working with our primary care partners is critical to delivering a more tailored, streamlined and comprehensive system of care for patients.

In 2024 we launched our Primary Care Strategy, developed in consultation with our primary care partners, including General Practitioners (GPs) and community health service providers.

This year we have further strengthened relationships with General Practice in our local communities and established our GP Reference Group, which provides direction on forming effective community partnerships.

We have also secured funding and commenced work to build and test a proof-of-concept GP Portal. This exciting project will see Austin Health build a piece of critical digital infrastructure that will enable GPs and Austin Health clinical staff to more easily communicate and share information – enabling better collaboration on patient care.

Providing timely access to quality care

In 2024-25 we continued our strong focus on ensuring patients and consumers at Austin Health have access to quality care when they need it, underpinned by our QUEST program.

QUEST is a whole of hospital approach to providing patients with timely access to emergency care. Since launching in 2023, QUEST has spurred us on to identify the barriers to timely patient care and implement improvement solutions. Momentum for QUEST was maintained through several events that celebrated the actions – big and small – staff have taken to achieve timely, high-quality care for our patients.

New standards for improving patient flow

We were proud to lead the way in developing the Standards for Safe and Timely Ambulance and Emergency Care for Victorians during the year, helping to improve patient flow and reduce pressure on health services.

Austin Health was one of the services involved in developing the standards in collaboration with the Department of Health, drawing upon what we have learned at our service.

Since being launched in February, our teams have been implementing the new standards and working to continue improvement of transfer performance and emergency care.

As a statewide leader, we have successfully and consistently improved emergency department and ambulance patient handover times in recent years.

The results are outstanding, with sustained improvement in performance. Our ambulance offload rate in the third quarter of 2024-25 was 74.3 per cent, a 22 per cent per cent increase on the same period in 2023-24, while data has also shown that patients are spending an average of 20 minutes less on stretchers because of this initiative.

QUEST

Making a difference. **Together.**



Mental Health

Our Mental Health Division has continued to expand and develop the range of services and programs available to our community throughout 2024-25.

An ongoing project for this year has been the development of our new Youth Prevention & Recovery Centre (YPARC) at Heidelberg Repatriation Hospital, one of five new centres being built across Victoria. The YPARC, being delivered by the Victorian Health Building Authority in partnership with Austin Health, will provide treatment and support for 16 to 25-year-olds experiencing mental health challenges and is an alternative to inpatient care. The centres are voluntary, referral-based services. Young people can continue to attend work or school while receiving the appropriate treatment, care and support they need in a safe, home-like environment. YPARC is being developed in partnership with Mind Australia and young mental health consumers and their families. This facility, which is expected to open in 2025, will ensure that young people in our community can access the right support when they require it.



Artist impression of the Youth Prevention and Recovery Centre.



This year we have evaluated, reviewed and renewed our Risk Assessment Form, which has helped to ensure that we are identifying patient risk and can take measures to mitigate this risk, a central part of comprehensive care. This new risk assessment, which follows best practice, has been well received within the mental health sector and by Safer Care Victoria.

We also launched a new Restrictive Practices Guideline, applicable to all patients/consumers across general areas and the Mental Health Division. This guideline was developed with input from mental health clinicians, Clinical Excellence Leads and the executive and based on standards from the Office of the Chief Psychiatrist and Safer Care Victoria.

It emphasises the importance of exploring all least restrictive options before considering the use of any restrictive practice. Our approach prioritises patient dignity and autonomy while ensuring staff safety and legislative compliance.



Our Mental Health team have continued to demonstrate sector leadership throughout the year, including delivering six presentations at the Victorian Collaborative Mental Health Nursing Conference 2024.



Mental Health team at the Victorian Collaborative Mental Health Nursing Conference.

Emergency Department upgrade underway

In June early works commenced on the Victorian Government's \$275 million project to upgrade the emergency department for Austin Hospital. The project will add up to 29 extra emergency treatment spaces, supporting an extra 30,000 emergency patients each year and ensuring the hospital can meet the needs of a growing population.

The main works for the project, which is being led by the Victorian Health Building Authority, will commence in September 2025 and are scheduled to be completed in 2028-29.

Artist impression of Austin Health's upgraded emergency department.



Stroke Unit

In 2024-25, nearly 900 stroke patients were treated at Austin Health with significant improvements in care timeliness, including an 18-minute reduction in critical treatment times, improving outcomes. Stroke Unit care is shown to be the single most powerful intervention to improve stroke outcomes and in 2024-25, 93 per cent of patients who had a stroke were cared for in the dedicated stroke ward. These achievements highlight Austin Health's leadership in stroke care, commitment to evidence-based practice, and dedication to continuously improving safety and outcomes for patients experiencing life-threatening events.

Austin Health's stroke unit received national and global recognition during the year, underscoring the unit's high standard of care and innovative practices. In the past 12 months the Austin Health stroke team have received two platinum World Stroke Organisation Angel awards for excellence in acute stroke care. In 2024 the stroke unit was also recognised as one of the best in Australia by the Stroke Foundation and Australian Stroke Coalition (ASC), becoming one of just eight Australian hospitals with official stroke unit certification from the ASC.



Stroke Unit celebrating its first-ever World Stroke Organization (WSO) Angels Diamond Award.

NEPHU Initiatives

During 2024-25, the North Eastern Public Health Unit (NEPHU) has continued to establish place-based public health initiatives across our catchment. NEPHU serves the north eastern region of Melbourne, with a population of 1.81 million people (28 per cent of the Victorian population), one of the most diverse populations in Australia.

This was the first year of operating with all notifiable communicable diseases in our remit. In 2024-25 NEPHU managed over 8400 notifications of communicable diseases, spanning a wide range of diseases.

Key achievements include supporting the statewide elimination of a large local outbreak of mpox, and ongoing incursions of measles due to large international outbreaks. NEPHU supported aged care, childcare and other settings managing over 600 outbreaks of respiratory, enteric, and other outbreaks.

A highlight of the year was the development and release of the Population Profile of the NEPHU Catchment Area. The report collates indicators from existing data sets to provide a baseline understanding of the demography, determinants of health, health-seeking and health-risk behaviours, health services use and health outcomes for residents of the NEPHU catchment area, by local government area.

The Population Health team finalised projects under the inaugural population health catchment plan, in addition to undertaking an extensive consultation and development process to deliver the second, four-year plan. Highlights include continuing the self-determined 'Health Yarn' segment on 3KND radio, working to expand access to sexual and reproductive health services in primary care across under-served areas and partnering with over 15 organisations to deliver healthy eating initiatives to priority communities in the catchment.



Patient Experience

Patient Experience Survey

Measuring patient experience is crucial to developing person-centred care and ensuring that we have a complete perspective of how our health systems and processes are working and interacting.

A chief way we track patient experience is via our Patient Experience Survey, which is sent to most Austin Health inpatients via SMS after they are discharged home. This year we received more than 27,000 responses to the survey, with an overall satisfaction rating of 87 per cent.

This year we received 1,258 complaints from patients, a decrease of 1.5 per cent from the previous year, and 923 compliments, an increase of 3.4 per cent from the previous year.



87%
overall satisfaction
rating



923
compliments
increased 3.4%



1,258
complaints
decreased 1.5%

Patient in the rehab gym.



Patient bedside communication boards

A key initiative to improve communication between patients and staff during the year was the roll out of patient bedside communication boards across Austin Health campuses. Over the last 18 months, these boards have been installed in 36 wards, covering 790 beds – an enormous logistical achievement that has enhanced communication between patients and staff, while promoting patient-centred care.

Patient communication boards provide a mechanism for two-way communication between patients and staff to improve overall communication experience, enable patients and their family and carers to leave messages for the care team, and offer information about the Patient & Carer Escalation Process.



Patient bedside communication board.

Informed consent improvements

An area of ongoing focus during 2024–25 was improvements to informed consent from patients. Informed consent refers to the process of providing information, advice and warnings as to the proposed treatment, including risks, side effects, complications and alternatives, and the willing acceptance of an intervention by a patient after adequate disclosure of this information. It involves dynamic participation and clear, open and transparent communication. Informed consent is beneficial for the patient in allowing them to make informed decisions based on accurate information and realistic expectations and assists staff to deliver the most appropriate medical care.

Improvements during the year included targeted training to clinical teams to strengthen their understanding of the legal, ethical, and practical responsibilities involved in obtaining informed consent, and the rollout of a redesigned consent form that was developed through extensive stakeholder engagement, benchmarking, literature review, consumer feedback, and alignment with legislative requirements.

The new form supports clearer documentation and enhances the quality of communication between staff and patients.

In our Partnering in Care survey, 93 per cent of patients surveyed said after speaking with the doctor, they understood what the procedure involved and the types of things that could go wrong. This feedback reflects our ongoing commitment to improving communication and empowering patients in their healthcare decisions.

Patient portal

Austin Health has launched its own Patient Portal, a secure website designed to enhance digital communication with patients. The Patient Portal is powered by our Customer Relationship Management (CRM) system, which has been developed to streamline workflows and improve patient care and safety.

In the initial phase, the Patient Portal is available for selected patients receiving care at Austin Health who are aged 14 or older and provides them with an easy way to communicate with us from their mobile phone or a computer and to get secure digital access to information about their health care at Austin Health.

Patients on the planned surgery and endoscopy preparation list have been invited to create a VicKey account to access our secure Patient Portal and complete their Health Questionnaire online. Registered patients can view their journey information, including waitlist status, upcoming appointment times and planned procedure details.

In time, the portal will also allow two-way digital communication with patients, reducing the need for other communication forms such as SMS messages, emails, or letters, and allowing patients to request appointment changes, make treatment enquiries, sign digital consent forms, and complete forms and surveys.

The Patient Portal has initially been made available patients preparing for planned surgery, with a phased rollout planned to provide this solution to all Austin Health patients over time.

Language skill badge pilot program

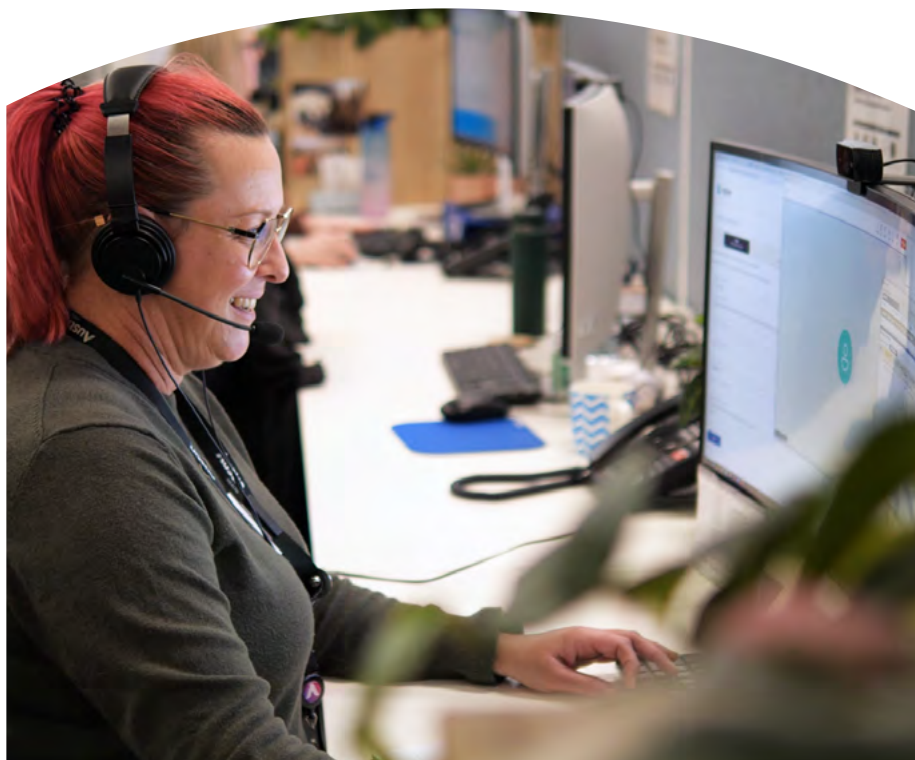
In recognition of the diversity of the community we serve and our staff, we conducted a Language Skill Badge Pilot Program, where staff and volunteers could choose to wear

a badge displaying the languages, other than English, they can speak. The project aimed to improve patient experience and help to create a more culturally competent workplace.

A survey in 2024 of staff who speak languages other than English about joining a language skills badge program at Austin Health showed that 96 per cent of respondents would want to be involved. The pilot program was developed by staff in collaboration with consumer partners and ran from December 2024 to March 2025, with over 50 clinical and non-clinical staff members from eight wards and departments volunteering to participate.

One key aspect of the initiative is that staff do not perform the role of a professional interpreter or use their language skills to interpret information for others. Instead, they are encouraged to only use their language abilities within their normal work role and competency, for example having a friendly chat, giving directions, or orientating patients to the ward.

Based on the success of the pilot program we are planning a roll out of the language skill badge program across our health service in 2025-26.



Residential Aged Care Home Complex Care Clinic

Our Residential Aged Care Home Complex Care Clinic is another fantastic example of patient focused care, in this case for our growing population of patients aged 65+ years, who live in residential aged care homes (RACH).

Our new mobile clinic service has addressed barriers to co-ordinated and timely care for these vulnerable, complex care patients. Led by a geriatrician, patients are seen in the aged care setting, and through a Comprehensive Geriatric Assessment, a coordinated care plan is developed focused on patient goals. This is a holistic and patient-centred approach to care, reducing in person appointments and Austin Health's wait list, lessening the burden on non-emergency transport services, as well as uplifting skills for facilities and GPs.

Disability Identifier

Throughout the year we have continued actions in line with our Disability Action Plan, led by our Disability Inclusion Committee and the Disability Liaison Officer (DLO) Program, to deliver improvements for people with a disability who interact with our health service.

In 2024-25 we continued with existing programs and initiatives such as our dedicated Disability Clinic in our Rehabilitation Medicine Service, the use of 'social scripts' by our DLO program to improve the experience of attending hospital, and the recording of Patient Care Preferences within patient records so we know who and what is important to the patient we are caring for, and ways in which they would like to receive their care.

We also partnered with the Royal Children's Hospital (RCH), the Royal Melbourne Hospital, the Royal Women's Hospital, the Peter MacCallum Cancer Centre, the University of Melbourne and Healthy Trajectories, to evaluate and integrate a patient self-report Disability Identifier (DI) for the Electronic Medical Record.



This Australian-first initiative offers a way for patients and their families to self-report their disability and any assistance or adjustments they may need when accessing healthcare, within their EMR. It was co-designed with people with lived experience of disability. The project was announced as the winner in the Partnering with Consumers to Improve Patient Experience category at the 2024 Victorian Public Healthcare Awards.

“We recently attended Austin Hospital to support our client with disability to access radiology under a general anaesthetic. Everyone we dealt with from the nursing staff to the doctors were fantastic. I have never had such a positive experience supporting a client with complex support needs in a hospital environment as I did. I want to say thank you on behalf of my client and thank you again from myself. We could not be happier and could not have been supported better throughout our visit.”

Disability support worker, 2025



Autism Care Plan

We have developed a suite of resources to support people with autism during their hospital stay. This includes an autism care planning process.

Care planning involves actively engaging with the patient and their family to find out about the communication, sensory, environmental and behaviour needs of each person with autism. This information is used to plan and provide the best support and care for the patient during their stay. The Autism Care Plan can be completed by a patient, with help from someone else or a Disability Liaison Officer before coming to hospital. It can also be completed by staff working together from across multiple disciplines. Disability Liaison Officers, social work and the nursing team play a key lead role in supporting the patient with the care planning process.

Austin Health is using the Autism Care Plan on all wards across the hospital, with positive results.

FACT initiative pilot

Families and Carers as part of a healthcare team, or FACT, is an exciting initiative introduced in 2024-25 that is designed to actively involve families and carers in the healthcare journey of patients. A pilot program for FACT was delivered in partnership with Safer Care Victoria on one of our wards.

The FACT initiative enhances patient care by encouraging carer participation and does this by providing families and carers with the opportunity to share meals with patients, visit outside standard hours, attend doctors' ward rounds to improve communication, and stay with patients overnight.



FACT also encourages support people to assist with various aspects of patient care, including mobility, feeding, hygiene, orientation, and emotional support, enhancing patient comfort and recovery.

A survey of staff, patients and carers was conducted before and after participating in the pilot program. Feedback from patients and support persons showed an increase in satisfaction scores, with patients feeling more involved in their care and support persons feeling more confident and empowered. Staff feedback showed improved job satisfaction. Importantly, staff reported that involving families did not increase their workload.

An evaluation of the pilot program, currently underway, will inform how the FACT initiative and its principles is integrated across our health service.

Innovative Technology

Implementing innovative technology solutions to enhance the quality of care we provide to our patients is something we are proud of at Austin Health, and we were pleased to pursue new tools and techniques in 2024-25.

da Vinci Xi Robot

Austin Health advanced its surgical innovation with the introduction of the da Vinci Xi Robot, a state-of-the-art robotic-assisted surgery system designed to enhance precision, safety, and patient recovery outcomes.

The da Vinci Xi Robot is the most widely used multiport robotic surgery system worldwide. The surgeon controls the robotic arms from a console in the operating room, enhancing surgical performance by creating a natural extension of the surgeon's eyes and hands. Robotic assisted surgery is expected to deliver benefits for patients including shorter hospital stays, reduced pain and discomfort, faster recovery times, and lower risk of infection.

The decision to acquire this advanced system was made in June 2024 and made possible through generous philanthropic donations.

Our first surgery with the da Vinci Xi Robot was conducted in February 2025, with 31 surgeries having been conducted since.

Currently, the robotic surgery program is focusing on Urology and Colorectal Surgery, with plans to expand as the theatre team continues to develop expertise in this advanced technology.

Tattoo-free radiotherapy at ONJ

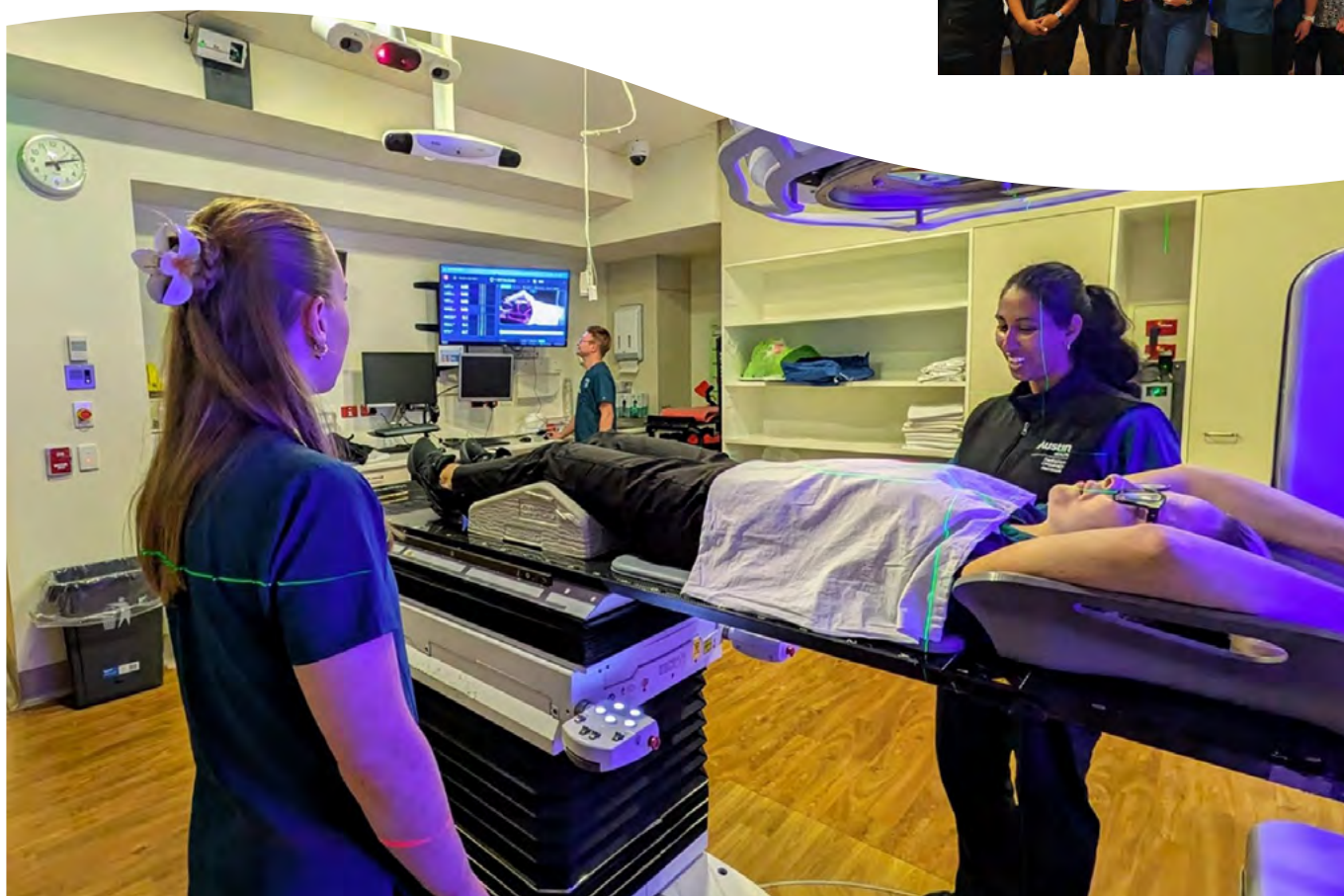
Our Radiation Oncology team within the Olivia Newton-John Cancer Wellness & Research Centre successfully started treating cancer patients with tattoo-free radiotherapy during the year.

Tattoos are traditionally used in radiotherapy to help position patients in the exact same spot for each daily radiation treatment but our new

method, surface-guided radiotherapy, is a more advanced technique that uses video tracking to follow the patient's body surface in three dimensions, removing the need for a permanent tattoo marker.

We have started using this tattoo-free approach for breast cancer patients to avoid tattoos. Over time, this treatment option is expected to expand to lung cancer, abdominal cancers, and cancers affecting the arms and legs, benefiting a significant number of patients at Austin Health.

The Radiation Oncology team with a certificate of recognition for tattoo-free radiotherapy.



VicKey Patient Portal and Statewide Customer Relationship Management System

Austin Health is leading the strategy, engagement and technical implementation of the VicKey statewide patient portal and Customer Relationship Management solution (CRM).

VicKey provides consistent patient communication and standardised process across the state including twelve health services auditing planned surgery preparation lists using the same consumer facing survey tools and processes. VicKey has also delivered a digital health questionnaire that is used by four

agencies, an outpatient waitlist tool used by five health services and an electronic referral management system used by three health services. By extending consistent systems and processes across the state, VicKey is helping to deliver sector wide efficiencies and economies of scale and scope.

Nursing

Nursing Strategy

We were pleased to launch the Austin Health Nursing Strategic Plan 2023–27 in July 2024.

The Nursing Strategic Plan builds on the nursing achievements of the last five years and positions Austin Health as an employer of choice for nurses.

The plan shines a light on nursing, past, present and future and guides the professional practice of more than 4,000 nursing staff.

Nurses, in partnership with patients, their families and members of the multidisciplinary team, provide professional nursing care 24/7 in more than 90 speciality departments and/or practice settings.

Our mission is to ensure that Austin Health nurses are supported 24/7 to deliver reliable, safe, person-centred care.



Top: Jarryd Walkley.

Bottom: Margaret Phillips.

Beverley Briese Scholarship

Two of Austin Health's nursing leaders – Margaret Phillips and Jarryd Walkley – were selected as recipients of the 2024 Beverley Briese Austin Health Nursing Scholarships.

Worth up to \$55,000, the Scholarship is one of the most generous nursing scholarships in Australia and is only available to outstanding nurses at Austin Health.

Jarryd and Margaret were selected after submitting proposals detailing how the scholarship would further their nursing specialty knowledge and skills and enhance best practice within their areas at Austin Health. Margaret explored her area of interest, enhancing nursing practice to support the peri-operative period to reduce the risks of long-term pain and pain related disabilities. Jarryd attended conferences and key events to support the investigative phase of implementing a nurse led complex care referral for obesity treatment. The scholarships provided Margaret and Jarryd with the opportunity to promote their service and network with national and international peers.

Stephen Meese Renal Nursing Scholarship

The Stephen Meese Renal Nursing Scholarship was established through the Austin Health Foundation and Dr Sue Ronaldson and Dr Phil Ronaldson this year, in honour of Sue's brother Stephen Meese, a long-standing renal patient.

Natalie McCall was the recipient of the inaugural scholarship and is developing a patient experience measure for dialysis cannulation. The presentation of the scholarship featured guest lecturer, Professor Rachael Morton of the University of Sydney, who is also a former Austin nurse.



Early Career Education programs

Austin Health continues to attract strong interest in our early career nursing programs. In 2024–25, we achieved a 100% successful match across all programs, and the General Stream of our Nursing Graduate Program received the highest number of applications in our history. Austin has also strengthened the education and support for entry to practice nursing students, increasing the total number of clinical placement days for nursing students by 17.49%. This puts Austin Health in an incredibly strong position to ensure that we are recruiting the best and brightest nurses.

Clinical Supervision

The first year of the clinical supervision framework rollout for Nurse Unit Managers at Austin Health has delivered significant benefits in leadership capability, resilience and team culture. Embedding clinical supervision as a core element of Nursing Leadership strengthens reflective practice, supports wellbeing and provides structured support for Nurse Unit Managers in leading complex teams and care settings.

Sustainability at Austin Health

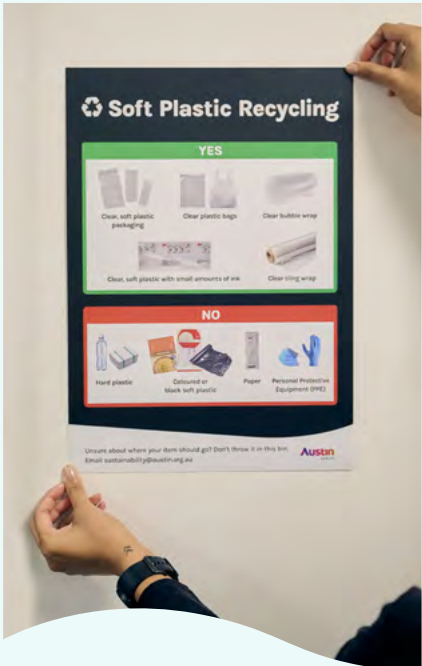
With sustainability as a central priority in the Austin Health Strategic Plan 2023–2027, we have continued to embed sustainability practices across our health service in a range of ways. Through key initiatives, we are making progress towards our goal of becoming a net zero emission organisation by 2040. In the past financial year, we have reduced our net emissions by 2 per cent.

We have expanded access to numerous recycling streams for Austin Health staff and contractors to better capture recyclable materials and divert waste from landfill. This has included the introduction of paper and cardboard, soft plastic, single-use medical device, metal and battery bins in key locations. Together with efforts to better capture waste from new build projects, this has resulted in an increase in metal recycling by 35 per cent and an increase in single-use medical devices for remanufacturing by 73 per cent. Additionally, the Sustainability team has commenced an organic recycling trial which has resulted in 480 kg of food waste saved from landfill so far.

Overall, based on weight of recyclable and organic materials (kg), Austin Health has recycled 15 per cent more than the previous financial year.

Our project to install solar photovoltaic (PV) systems at our campuses, supported by funding from the Victorian Health Building Authority, continued this year. Across our three campuses we have installed 900kW of solar PV systems, which is anticipated to drive an annual reduction of 1,224 tonnes of CO2.

Thanks to a generous bequest we introduced a new green space in our Spinal Unit this year, including a green wall installation, providing patients and their families an environment that fosters both physical and emotional healing. In addition to the environmental benefits of more green spaces, research has shown that garden spaces and exposure to nature can significantly improve mental health and aid in recovery.

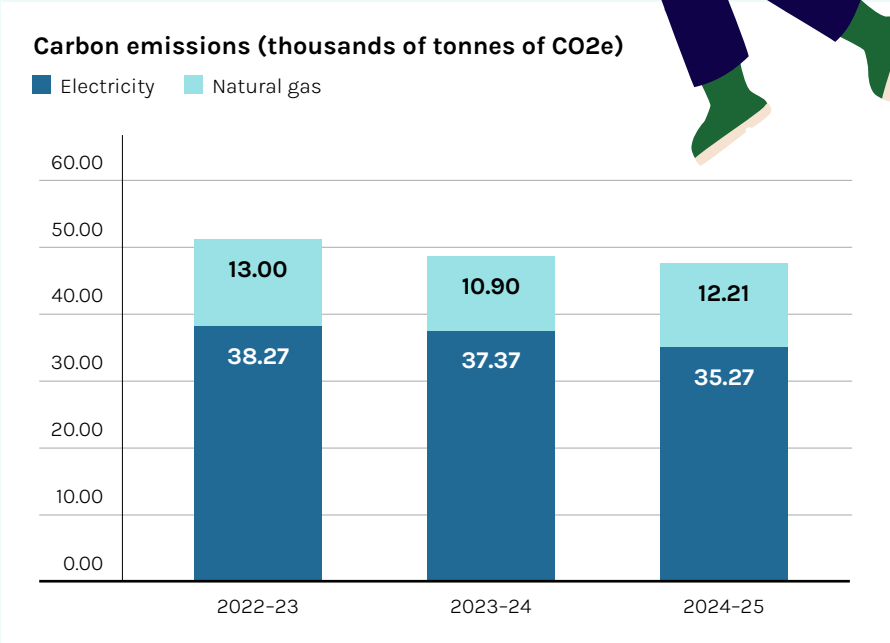


Environmental, Social and Governance Strategy

We have continued developing our inaugural Environmental, Social and Governance (ESG) Strategy, which will provide our health service with a road map not just for achieving our sustainability goals but also building upon our work within the social and governance spaces.

The ESG Strategy seeks to build upon our legacy and past commitments by putting in place a comprehensive set of goals for the next three years, spanning a range of areas from carbon emissions to ethical standards to our approach to diversity and inclusion, which will help to improve our workplace, the care we provide, and our service to the community.

Development of the ESG strategy has been done in consultation with clinical and non-clinical staff as well as consumers, with the strategy set to be launched in the second half of 2025.



Supporting and celebrating our staff

Advancing our skills

At Austin Health we are committed to enabling and encouraging our staff to always be advancing their skills and knowledge to ensure high quality care for our patients.

MET Course

There are over 3000 medical emergency team (MET) calls at Austin Health every year. Each of these calls represents a clinically important situation for a patient who is at risk of deterioration on our wards. Due to the 24-hour, 7 day a week nature of our health service, the team who attend a MET call are formed 'ad hoc' and may have never met each other before. We know teaching good communication, teamwork and leadership skills improve team performance and positively affect patient outcomes.

The MET Course aims to provide core knowledge to handle deteriorating patient scenarios as well as increasing understanding of how non-technical skills and human factors can improve team performance. The course places a heavy focus on interactive learning and simulated practice and leans upon Austin Health's status as a global leader in medical emergency team research and service provision.

In 2025, for the third consecutive year, Austin Intensive Care Unit offered the MET course to Austin Health doctors and nurses who work in intensive care, anaesthesia as well as general and specialty wards.



Education and training shaping the future of care

As a leading teaching hospital, we are deeply committed to developing the next generation of healthcare professionals and advancing the skills of our current workforce. Our extensive education programs reflect our dedication to clinical excellence and our culture of lifelong learning.

Our Clinical Education Unit (CEU), together with departments across Austin Health and through affiliations with 16 universities and four TAFEs, supports a thriving education environment.

This financial year we hosted and facilitated over 32 major conferences, symposia and workshops, including:

- Improving access and outcomes in transplantation, July 2024
- Allied Health Symposium, July 2024
- Physiotherapy Symposium, July 2025
- Austin Health Radiology Liver Conference, August 2024
- Allied Health Research Showcase, August 2024
- Nurse-led Research Showcase, August 2024
- Medical Emergency Training (MET) Course, September 2025
- Magnetic Resonance (MR) Linear Accelerator (Linac) Symposium, September 2024
- Nursing Research & Innovation Symposium, September 2024
- Holistic models of care in solid and haematological transplantation, October 2024
- Smallwood Oration, October 2024
- Orthopaedic Upper Limb Symposium, October 2024
- Tracheostomy Carer training, October 2024
- Cytomegalovirus (CMV) and Transplant Infectious Diseases Symposium, November 2024
- Molecular Genomics Workshop, November 2024
- EMERGO code brown training, December 2024
- Dignity of Risk Workshop, February 2025



- Advanced Liver Disease Symposium, March 2025
- Exercise Safe Haven on responding to code black, March 2025
- MET Course, March 2025
- Interprofessional Tracheostomy Workshop, March 2025
- Falls Prevention Month, April 2025
- University of Melbourne Sustainability Workshop, May 2025
- Health Independence Program Wound Conference, June 2025
- MET Course, June 2025

This financial year, across our three campuses, we also supported:

- over 300 study days,
- an average of 290 bookings each month in our dedicated education spaces,
- hundreds of hours of professional development,
- ongoing clinical supervision training, and
- over 500 interviews conducted to support recruitment into clinical programs.

Our strong university partnerships are central to our mission as a teaching hospital, in particular our partnerships with La Trobe University and University of Melbourne. We further extend our impact through collaborations with external partners, including partnering with Safer Care Victoria to deliver state-wide education and support.

Each year, we also celebrate the achievements of our staff and students through graduation ceremonies for early career and postgraduate programs, and dedicated recognition events for clinical learners and program participants.

By empowering staff and students with high-quality, evidence-based learning, we continue to shape a skilled, adaptable workforce ready to meet the evolving needs of our patients and community.



Wellbeing Festival

Our annual Staff Wellbeing Festival returned in November, providing our staff with an opportunity to connect with colleagues and take some time to pause, rest and recover. This year the festival reached nearly 1,200 staff across seven sites, including BAROC in Ballarat.

Activities during the festival included the much-loved bike and blend smoothie bikes, massages, health checks, a photo booth, and floral arrangement as part of our Vases of Appreciation initiative, as well as sessions from representatives from health insurance, fitness, and superannuation partners. The festival featured a pop-up play space thanks to the Austin Child Care Centre, and a financial wellbeing lounge. A new addition for the festival this year was the 'After Dark' festival, which reached over 200 night shift staff.

For staff who couldn't make it to events in person there was a digital show bag filled with wellbeing resources and information, while our Wellbeing team also developed and shared a 'How to Festival' resource to encourage teams across our health service to embrace the festival spirit across the fortnight.



ACTER Advanced Liver Disease Symposium panelists.

10 years of WEEPS in ED

2025 marked 10 years since the launch of the peer-led Wellbeing Essential Emergency Peer Support (WEEPS) initiative within our Emergency Department. WEEPS is designed specifically for the Emergency Department (ED) and recognises the challenges staff can face working in such an intense environment. It provides informal support for everyone working in ED; offering a confidential and safe space for staff to debrief, check in, or just chat - whether it's about a critical incident, workplace stress, or even life outside of work.

The WEEPS team is made up of 34 ED staff from a wide range of roles, including nurses, medical staff, educators, clerical staff, security, pharmacists, patient service assistants and the emergency care coordination team. In 2024, WEEPS recorded over 150 monthly interactions with ED staff.

“WEEPS empowers our staff to be the best version of themselves and ensures they truly feel appreciated, supported and that there is always someone to talk to.”

Alice Ryan, Associate Nurse Unit Manager ED and WEEPS facilitator.



Surgical team in the theatre.



Leadership masterclasses

To ensure Austin Health remains a leader within the health sector we need to ensure our current and emerging leaders within our health service are given opportunities to grow their skills. To support this, we commenced a series of one-hour online leadership masterclasses, available to all Austin Health staff.

The masterclasses have been delivered by Andrew Beveridge from Leadership Today, a psychologist who has partnered with Austin Health in the design and delivery of our emerging and frontline leadership programs. The sessions have provided staff with the chance to learn and apply new leadership capabilities, with a focus on practical advice that can be applied right away. The series is set to continue throughout 2025.





Advancing gender equality

At Austin Health, we are proud to be driving meaningful progress toward workplace gender equality. Since the launch of our Gender Equality Action Plan in 2021, we have focused on developing the systems, processes and tools necessary to support our staff to put gender equality front of mind and to conduct Gender and Equity Impact Assessments.

During 2024 we submitted a progress audit and report to the Commission for Gender Equality for assessment, with the Commission returning its findings in 2025 that Austin Health is fully compliant with the Victorian Gender Equality Act 2020.

To embed our commitment to gender equality into practice, we incorporate a strong intersectional approach and we're focused on working toward ensuring gender equality is a responsibility shared by all of us at Austin Health.

Rainbow Health Working Group

We were proud to launch our Rainbow Health Working Group in 2025, a vital new initiative dedicated to enhancing the health and wellbeing of our diverse LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual, and other sexually and gender diverse identities) community. The group consists of enthusiastic staff members from a wide variety of departments across our health service.

The Rainbow Health Working Group has been established with a clear goal: to identify, address, and champion the

specific health needs and experiences of the LGBTIQ+ community within Austin Health's services. This includes reviewing current practices, advocating for policy enhancements, developing education and training programs for staff, and fostering a welcoming and safe environment for patients, families, and staff who identify as LGBTIQ+.

This working group embodies Austin Health's commitment to providing equitable, inclusive, and person-centred care for all, and a workplace where our people can bring their authentic selves to work and feel a strong sense of safety, purpose and belonging.



Members of our Rainbow Health Working Group.



Midsumma Pride March

Austin Health proudly joined over 7,500 marchers in St Kilda for the Midsumma Pride March in February to celebrate solidarity in gender and sexuality diversity. This day is important for our staff, patients, families and community and our participation helped to show our commitment to being an inclusive and respectful workplace that provides culturally safe health services and care. It also increases our visibility as an LGBTIQ+ welcoming and friendly health service. Together, under the 'Austin Health Pride' banner and wearing Austin Health Pride branded t-shirts, we marched to show our commitment to equality and acceptance.

Early Intervention and Return to Work Program

Our Workforce Injury and Recovery team has designed and delivered a staged implementation of an Early Intervention and Return to Work program for our 11,000+ staff, recognising the positive impact for both staff and our health service. This program has been a highlight of the past year, supporting our teams to stay at work, or get back to work earlier following workplace injury. This early intervention program supports injured staff – especially following occupational violence – through triage, rapid access to physiotherapy, and tailored psychological care. It's been overwhelmingly successful, with a substantial and sustained increase

in 16 and 26 weeks' return to work rates, an 82 per cent stay-at-work rate and positive feedback from all stakeholders. The program has also been recognised beyond Austin Health, being selected as a finalist in the WorkSafe Recognition of Excellence Awards 2024.

People Strategy

The second year of our People Strategy 2023–27 has seen us embedding the strategy and progressing initiatives to help us ensure that our people are supported, developed, included and celebrated to do their best work.

Our People Strategy has ensured that as a health service we are assessing, reporting against, and looking at ways to evolve or expand existing programs of work as well as investing in new initiatives that can help us achieve our four strategy pillars:

- we foster a collaborative culture that celebrates our people
- we develop and grow our people and leaders
- we prioritise a safe and inclusive work environment
- we listen to our people to continuously improve and achieve excellence



Staff accolades

We are incredibly proud of the dedication and hard work of all our staff at Austin Health, all of whom make our health service a great place to learn, work and grow. We want to acknowledge some of the achievements of our staff throughout the year.

Professor Louise Burrell

Professor Louise Burrell was recognised by the International Society for Hypertension (ISH) as the ISH Outstanding Woman in Hypertension Research for 2024.

Professor Elif Ekinci

Professor Elif Ekinci launched the Australian Diabetes Clinical Trial Network, a collaboration between the Australian Centre for Accelerating Diabetes Innovations (ACADI) and Diabetes Australia.

Brialie Forster

Brialie Forster, Developmental and Epileptic Encephalopathies Clinical Nurse Consultant, has been elected Chair of the Epilepsy Nurse Special Interest Group of Australasia (ENSIGA).

Kent Garrett

During the year the Director of Pharmacy Kent Garrett retired after over 35 years at Austin Health. Kent led a team that was acknowledged both statewide and nationally for the quality of their services.

Associate Professor Nicole Goh

Associate Professor Nicole Goh was honoured with the Education and Training Medal from the Thoracic Society of Australia and New Zealand (TSANZ). This award recognises a career-long commitment to excellence in respiratory education across Australia and New Zealand.



Professor Emeritus Stephen Harrap

Professor Emeritus Stephen Harrap was honoured with the Franz Volhard Lectureship and Award for Outstanding Research, the premier award of the International Society of Hypertension, at the 2024 ISH Scientific Congress.

Stephanie Hawkins

Stephanie was selected as the recipient of the Cathy Nall Scholarship, supporting postgraduate education in Physiotherapy.

Dr Mardiana Lee

Dr Mardiana Lee was awarded the Bernie Sweet Clinical Research Fellowship by the Austin Medical Research Foundation.

Dr Joyce Leong

Dr Joyce Leong was selected for the prestigious MACH-Track PhD program for clinician researchers.

Dr Tracy Leong

Dr Tracy Leong was awarded the Leadership and Women of Influence Award by Lung Foundation Australia in recognition of her research in lung cancer.

Dr Kate Martin AM

Dr Kate Martin, Deputy Director General and Trauma Emergency Surgery Unit (GATES), was awarded an Order of Australia (AM) for 'significant service to medicine, particularly trauma care and surgery, and to professional associations.

Associate Professor Andrew Nunn

Associate Professor Andrew Nunn, who worked as a Spinal Medicine Consultant at Austin Health since 2000 and served as the Director of the Victorian Spinal Cord Service (VSCS) for more than a decade, retired during the year. His leadership has been instrumental in the vital area of spinal injury.

Dr Karen Oliver

Dr Karen Oliver was awarded the Early Career Innovation Seeding Grant by the Austin Medical Research Foundation.

Professor Piero Perucca

Professor Piero Perucca, Director of the Bladin-Berkovic Comprehensive Epilepsy Program at Austin Health, was elected President of the Epilepsy Society of Australia for the 2024-2027 term.

Margaret Phillips

Margaret Phillips was a recipient of the 2024 Beverley Brieze Austin Health Nursing Scholarship.

Laureate Professor Ingrid Scheffer AO

Laureate Professor Ingrid Scheffer, Director of our Children's Epilepsy Program, was awarded the prestigious Peter Bladin Award and Lecture at the 2024 Annual Scientific Meeting of the Epilepsy Society of Australia.

Dr Jessica Spurio

Dr Jessica Spurio was awarded the Victorian Junior Doctor of the Year award by the Postgraduate Medical Council of Victoria.

Bernadette Twomey

Bernadette Twomey finished her time as Chief Nursing Officer in 2025 after seven and a half years at Austin Health. During this time Bernadette worked tirelessly to instil stronger professional governance and raise the profile of nursing internally and externally.

Ms Elizabeth Walkley

Ms Elizabeth Walkley was selected for the prestigious MACH-Track PhD program for clinician researchers.

Jarryd Walkley

Jarryd Walkley was a recipient of the 2024 Beverley Brieze Austin Health Nursing Scholarship.

Professor Jeffrey David Zajac AO

Professor Jeffrey David Zajac AO announced his retirement from his role as Academic Lead, Austin Department of Medicine during the year. Professor Zajac joined Austin Health in 2000 and held a wide range of senior positions at our health service during his career including Director, Department of Endocrinology.



Members of the Stroke Unit celebrating certification from the Australian Stroke Coalition.

Austin Health Consumer Partners

We wish to thank the passionate consumer partners who contribute to our health service through the Community Advisory Committee, co-chaired by Ray Kelly, as members of other committees, and through their direct involvement in key initiatives at Austin Health.

Austin Health Disability Identifier Project Team

The hospital disability identifier project, which Austin Health worked heavily on with hospitals in the Parkville precinct, was awarded the partnering with consumers to improve patient experience award.



Austin Health Stroke Unit

The Austin Health Stroke Unit was recognised for its outstanding stroke care, achieving its first-ever World Stroke Organization (WSO) Angels Diamond Award – the first hospital in Victoria to do so.

Austin Health Workforce Injury and Recovery team

Our Workforce Injury and Recovery team were recognised as finalists in the WorkSafe Recognition of Excellence Awards 2024 in the category 'Leading return to work practice'.

Beating Buruli in Victoria Research Project Team

Austin Health was also a finalist for our work on the Beating Buruli program, as well as the Premier's Large Health Service of the Year Award.

iHeart Project Team

Austin Health and Swan Hill District Health were winners in the partnering in healthcare category of the 2024 Victorian Public Healthcare Awards for the I-HEART project, a virtual regional heart failure service.





Volunteers

Our passionate volunteer workforce, under the leadership of Austin Health's Volunteer Engagement team, has made a significant contribution to our health service and the care we provided our community throughout 2024-25.

The Volunteer Engagement Team supports a 300-person strong volunteer workforce that works across all Austin Health campuses, in offsite roles and at the Diamond Creek Opportunity Shop. In 2024-25 87 volunteer applications were processed and 31 new volunteers inducted and welcomed to Austin Health. We were also pleased to support over 20 of our volunteers in taking up multiple volunteer roles across our health service.

Throughout the year our volunteers contributed an extraordinary 56,980 hours, an increase of 122 per cent on the previous year, assisting over 61,854 patients and visitors.

We recognise that the contribution of our volunteers goes far beyond these figures, and the role they play in improving patient and visitor experience and enhancing our place in the community is priceless.

Two of our volunteers, Yvonne Dunt and Claire Weaver, were inducted into the Victorian Public Healthcare Awards "Health Volunteer Honour Roll" in 2024, both having achieved an incredible 50 years of volunteering service for Austin Health.

Volunteer Engagement team endorsed as Professional Leaders of Volunteers.



56,880
hours contributed
increase of 122%

61,854
patients and
visitors assisted



The Volunteer Engagement team expanded the services and programs aided by our volunteers during the year. We were proud to extend our support for more facilities to receive increased pet therapy visits. We now have 15 Pet Therapy teams who visit more than 14 wards and units across our health service, with more facilities being considered. We relaunched the volunteer physio support program at the Heidelberg Repatriation Hospital. We also expanded support for roles such as creative practitioners at Royal Talbot Rehabilitation Centre, which allowed this enriching program to operate more often for the benefit of patients and our community. Our volunteers have also been involved in numerous projects within the health service, including the pilot of our language skills badge program.

Our volunteers at the Diamond Creek Opportunity Shop raised and donated an incredible \$320,000 to Austin Health for the purchase of medical equipment that directly impacts patient care. Over the years the Diamond Creek Op Shop has raised an astounding \$4.7 million.

Austin Health's Volunteer Engagement team were formally appointed as Professional Leaders of Volunteers in recognition of the significant support and leadership this team provides to our volunteer workforce. A proof point of this leadership came from the 2024 Volunteer Survey, which revealed that 94 per cent of our volunteers were satisfied with their volunteering experience at Austin Health.

We are deeply grateful to every volunteer who gives their time, energy, and care to Austin Health. Their commitment, generosity, and heart are integral to us delivering quality care to our community and we look forward to continuing to expand our volunteering opportunities and the impact of our volunteer workforce.

Thank you to our community of supporters

In 2025, the Austin Health community once again demonstrated extraordinary generosity – through donations, volunteering, advocacy, and acts of kindness.

Support from individuals, families, organisations and philanthropic partners helped raise more than \$5.2 million this year. These contributions have enabled investment in groundbreaking research, cutting-edge equipment, enhanced care environments, and vital patient programs.

The achievements of 2025 are a reflection of a community deeply committed to advancing health and delivering the best possible care. This spirit of giving continues to make a lasting difference for patients, families, and the dedicated teams who care for them.

Olivia's Walk for Wellness 2024

In October 2024, Olivia's Walk for Wellness returned to Alexandra Gardens for another unforgettable year, uniting patients, staff, families and supporters in a shared commitment to wellness and cancer care.

This much-loved event honours the legacy of Dame Olivia Newton-John AC and raises vital funds for the evidence-based wellness therapies offered at the Olivia Newton-John Cancer & Wellness Centre (ONJ Centre) – part of the Austin Hospital.

The 2024 event was filled with colour, joy and inspiration. From dancing to walking, connecting with others and celebrating milestones, it was a powerful reminder of the strength and spirit within the ONJ Centre community.

Thanks to the dedication and generosity of all involved, including many staff members who walked, volunteered or fundraised, \$1.1 million was raised to support these essential programs.

The success of Olivia's Walk for Wellness 2024 reflects a deep commitment to care that goes beyond treatment – bringing love, light and hope to people with cancer and those who support them.



Spinal patient Corey Hogan, with his mum Shelley.



FibroScan® funding brings earlier liver disease detection

Thanks to the generosity of our incredible donor community, the 2025 Tax Appeal raised close to \$180,000 to help purchase a new FibroScan® machine, a vital, non-invasive tool used to detect and monitor liver disease earlier and more accurately.

The success of this appeal reflects the strong support of our community and a shared commitment to earlier diagnosis and better outcomes for people living with liver disease.

In collaboration with a very generous \$100,000 grant from the H.T. Pamphilon Fund, Austin Health can purchase this much needed machine.

We are very grateful to the H.T. Pamphilon Fund who recognised the value in enabling us to facilitate proactive and preventative liver health for our community. The H.T. Pamphilon has been a longstanding supporter of Austin Health, contributing over \$1.4 million towards much needed hospital equipment.

The FibroScan will allow Austin Health to screen more patients – particularly those with risk factors like obesity, diabetes and hepatitis and reduce the need for invasive liver biopsies.

“With a FibroScan, which is portable, painless, easily accessible and can be done in clinic we hope that we can stem the tide of liver disease in Australia.”

A/Prof Christopher Leung, Clinical Associate Professor, Lead, Medical Education Unit, Gastroenterologist.



Ryman Healthcare names ONJ Centre as 2025 charity partner

Austin Health is honoured to have been selected as Ryman Healthcare's official charity partner for 2025, with support focused on the ONJ Centre.

Ryman Healthcare is a leading provider of retirement living and aged care services across Australia and New Zealand. Each year, they choose a charity that aligns with the values of their residents and staff, fostering a shared sense of purpose and community.

John Flynn Retirement Village Manager Roslyn Prentice said:

“I don't think there is anyone who is not aware of the incredible work that they do at the ONJ Centre.”

We are thrilled to collaborate for the year and sincerely grateful for Ryman Healthcare's commitment to supporting people with cancer and their families.

Spinal Ward spaces transformed with community support

Our Christmas Appeal raised more than \$130,000 to help transform the Spinal Ward into a brighter, more accessible and healing environment for patients with spinal injuries.

Thanks to the generosity of our community, work is now underway to upgrade outdated areas on 3 North – including the creation of two new spaces: a dedicated patient lounge area and a tranquil outdoor retreat. These spaces are designed to support recovery, independence, and emotional wellbeing, offering patients and their families places to connect, reflect, and heal.

“If we can help other patients and families have a great space, I am happy to do it.”

Corey, former spinal patient on being the face of our appeal.

We are deeply grateful to everyone who contributed to this project. Your support is helping to bring warmth, comfort and renewed hope to patients and families rebuilding their lives after spinal injury.

Thank you to our generous major donors and supporters



Major Donors

- Beverley Briese OAM
- Alice Chau
- Ken Chu
- Hung Dang
- Allan Dawson
- James Driskill
- John Easterling
- Andi Herman & Daniel Prager
- Gordon Howlett
- Pennie Ibbotson
- JVFA Foundation
- Tung Le
- Ross Moore
- Helen Murphy
- Cathy Nall
- John & Elsbeth Payne
- The Pratt Foundation
- Sue Ronaldson & Phil Ronaldson
- Cheng & Joon Tan
- TF Foundation
- Two anonymous donors

Major Sponsors and Partners

- Belgravia Leisure
- Blue Sky Services
- Brooks
- Christ Church Grammar School
- Courtney Brands
- Device Technologies
- Easi Group
- Employers Mutual Limited (EML)
- Inova Pharmaceuticals
- Impact Obesity
- Le Méridien Melbourne
- Melbourne Symphony Orchestra
- Smooth FM
- Ventia Pty Ltd

Trust and Foundations

- Collier Charitable Fund
- Davies Family Foundation
- Heidelberg School Art Foundation
- H.T. Pamphilon Fund
- Isabel and John Gilbertson Fund
- John Cummins Memorial Fund, a subfund of Australian Communities Foundation
- Patricia McIntyre Foundation
- Robert C Bulley Charitable Fund
- Shaw and Partners Foundation
- One anonymous donor

Community Supporters

- #4SUE
- Adele's Epiphany – Adele Maiolo
- AHCF – Ward 9 Bunnings Sausage Sizzle
- Alona Leibowitz Team
- Arnulf Pohl
- Bulleen Plaza Fundraising
- Chloe Lattanzi
- Chris Rutherford
- Curves Australia-New Zealand
- Festa Di San Biagio
- Freedom Dance Fitness
- GAMEBOYS FOR ONJC
- Geoffrey Jaeger
- Grease the Musical
- JewelChic Rainbow Team – David The Medium
- JewelChic Rainbow Team – Lynn Raffa
- JewelChic Rainbow Team – Megan Castran
- Ladies that Brunch
- Le-Pham Family – Ngoc Hanh Le

- Liv's Life After GREASE Donation Page
- Mariana Thom – Wine, Cheese & Chocs
- Michaela Wittchen
- Michael Caprio
- Michael Zachariou
- Centralia
- Rema Winikur
- Sacred Heart PS Walkathon
- DVE Aquatic
- Team Grace Global Walkers
- Team Granny Sue and Poppa – Denise Illing
- Team Granny Sue and Poppa – Geoff Illing
- Team Granny Sue and Poppa – Marnie Sier
- Team Hannah
- Team Suzi
- The Sol Seven – Annie Aiello
- The Sol Seven – Mindy Verson

Future Gift Pledges

We gratefully acknowledge the vision and generosity of donors who have confirmed a future gift through their Will.

Your lasting commitment inspires us all and helps create a brighter future for generations to come through Austin Health's hospital and research communities. Thank you.

Gifts in Wills

We gratefully acknowledge those who have passed away and whose gift in will has been received in 2024-25.

- Paulos Anthopoulos
- Keith Bailey
- Olivia Barlow
- Vivian Broadbent
- William Caven
- Brian Clancy
- Lindsay Darling
- Rosalija Filipovic
- 'Scotsbairn' – Flora Gillman
- Gordon Ross Hastings
- Maria Kafkias
- Heather Mary McKenna
- Ilena Miller
- Darrell Mionnet
- Miranda Northam
- John Plum
- Roslyn Pollock in honour of Gordon Clark Pamela Grace Redwood
- Fay Richmond
- Rosanna Schiavone
- Kenneth Rae Sheridan
- Eunice Joan Smith
- Rosemary Straford
- Richard Tolley
- William George Wright

Estates in Perpetuity

Perpetual funds are established by donors through their estates, with interest earned providing regular, long-term support to their beneficiaries.

- Alexander Clarke MacBean Estate
- Alice Letitia D'Esterre Taylor Estate
- Annie Roberts Trust
- Arthur Lyndhurst Blannin Estate
- The A V Tadgell Memorial Fund
- C D Lloyd Trust
- Charles Wright Charitable Trust
- The Doris and Rupert Joseph Charitable Trust
- DTM and Ethel Davies Memorial Fund
- Edward Vernon Jones Charitable Trust
- Eliza Wallis Charitable Trust
- Elizabeth Stephens Estate
- The Ernest & Letitia Wears Memorial Trust Fund
- Ernest John Kebby Estate
- Ethel Mary Davenport Charitable Trust
- Flora Louisa Thompson Charitable Trust
- Florence Ernestine Isabel Smith Estate
- The G L Godfree Bequest
- The Grant Bequest
- Harold and Cora Brennen Austin Hospital Patient Treatment Equipment Fund
- The Helen Fookes Trust
- Helen Gyles Turner Samaritan Fund
- Henry Herbert Yoffa Estate
- Henty Louisa Estate
- Howard & Georgina Berry Benevolent Fund
- The Hyman Morris Trust
- John Frederick Wright Estate
- John Henry James Symon Charitable Trust
- John Lambrick Trust
- John Robertson Grigor and Eva MacKenzie Bequest
- Joseph Kronheimer Charitable Fund
- Louis Berner Charitable Trust
- Margaret Lillian Merrifield Memorial Fund
- The Martha Miranda Livingstone Fund
- Mary Ann Edwards Estate
- Mary Symon Charitable Trust
- STAF Isabella Agnes Pritchard
- STAF William Arthur Shipperlee
- The Tivey Memorial Fund
- W E and M E Flanagan Charitable Trust
- William and Aileen Walsh Trust
- William Andrew Bon Charitable Trust
- William Frederick Fletcher Charitable Trust
- William Hall Russell Trust Fund
- William Macrow Estate
- William Samuel Godfree Charitable Trust

Measuring the impact of our supporters



\$140,000

Christmas Appeal
for Austin Health's Spinal Ward

\$332,000

Diamond Creek Opportunity Shop fundraising

\$179,000

Tax Appeal to fund vital equipment to detect liver disease

\$504,000

Trusts and Foundations

\$2,000,000

Gifts in Wills

\$1,100,000

Raised by Olivia's Walk for Wellness

\$160,000

Regular Giving

\$772,256

Major Gifts

61,854

Patients and visitors were assisted by volunteers

Austin Health Board Directors



Ross Cooke OAM
(BCom, CA)

Board Chair
Feb 2021–present

Ross Cooke has over 35 years of experience in strategic, financial, commercial and management roles in business consulting, with specific focus in the health industry. He has a Bachelor of Commerce and is a Chartered Accountant. He also has experience serving on various boards (both not-for-profit and for-profit), including as a board member of the Burnet Medical Research Institute for 20 years and was a past board president of Wintringham (a not-for-profit provider of aged and homelessness services).

Ross has previously held positions working in senior executive positions with public hospitals in Victoria and interstate, as well as working with governments on strategic issues in public health. Ross has also worked in the private health insurance and private hospital sectors.

Ross received an Order of Australia Medal in the 2019 Australia Day Awards for his services to the community.



Tim Barta
(BA)

Director
July 2024–present

Mr Tim Barta was appointed to the Austin Health Board in July 2024.

Tim is currently Executive Director, Budget, Corporate and Funding Strategy in the Victorian Department of Education and previously held executive positions in the Departments of Health, Human Services, and Treasury and Finance. Tim brings experience in Victorian Government budget and financial management processes, funding models, health information management and data integrity, and procurement. Tim has also served on the Board of Health Purchasing Victoria.

Tim is a member of the Austin Health Audit and Risk Committee, Primary Care and Population Health Advisory Committee and People and Culture Committee.

Tim holds a Bachelor of Arts degree with Honours in climatology.



Dr Christine Bessell
(MBBS, MPH, FRANZCOG, FRACMA)

Director
July 2016–present

Dr Christine Bessell is an experienced obstetrician and medical executive who brings a passion for, and experience in, the provision of effective, safe and patient-centred public hospital care. She has previously practised obstetrics in the private and public sectors in metropolitan Melbourne and has held medical executive roles at Southern Health (now Monash Health), Eastern Health and at the Royal Victorian Eye and Ear Hospital. She was Chief Medical Officer at the Royal Women's Hospital from 2004 until 2014.

Christine has provided consultancy advice in maternity services, clinical governance and patient safety to the Chief Executive of Djerriwarrh Health Service (Bacchus Marsh) and to other regional and rural health services across Victoria. She was a member of the Victorian Medical Board of Australia from 2013 to 2020.

Christine is a member of the Clinical Safety and Quality Committee and Community Advisory Committee and was chair of the Clinical Safety and Quality Committee until June 2024.



Joel Chibert

(BCom, CA, FAICD)

Director

July 2020 – present

Joel Chibert is an experienced financial and corporate services executive with extensive experience across a range of sectors including education, disability, health, scientific research and development, and professional services.

Joel is currently the Chief Financial Officer and Head of Corporate Services at Scope Australia. Previously, Joel was the Chief Operating Officer and Chief Financial Officer at the Melbourne Business School, Chief Financial Officer at the Walter and Eliza Hall Institute, and held a range of senior finance roles with Monash University. In addition, Joel has previously held a range of non-executive and board positions, including at Common Equity Housing Limited, Monash Surgical Private Hospital, Bendigo Primary Care Centre and Monash Health Research Precinct.

Joel is passionate about transformational change, best practice service delivery, sound financial management and ensuring the Austin Health community continues to receive outstanding medical care and service.

Joel is chair of the Austin Health Finance and Resources Committee and is a member of the Audit and Risk Committee.



Dr Bruce Cohen

(BCom, LLB (Hons), MCom, PhD (Pub. Pol.))

Director

July 2020 – present

Dr Bruce Cohen holds commerce and law degrees from the University of Melbourne, and a doctorate in public policy from the Australian National University. He is a former barrister and has also undertaken a number of policy and senior advisory roles in both the public and private sectors. He is currently the principal at BKE Consulting.

Bruce has substantial governance experience, having served on numerous public sector boards. He has been chair of VicTrack and the Victorian Commission for Gambling and Liquor Regulation, as well as a director of Snowy Hydro Limited, Melbourne Water and VENCorp, and a commissioner with the Victorian Competition and Efficiency Commission. He is currently a director at Greater Western Water.

Bruce is chair of the Austin Health Audit and Risk Committee, and a member of the Finance and Resources Committee and Clinical Safety and Quality Committee.



Dr Lee Hamley

(MBBS, FRACMA, MBA, GAICD)

Director

July 2023 – present

Dr Lee Hamley was appointed to the Austin Health Board in July 2023.

Lee's undergraduate medical degree is from the University of Melbourne. She has a Fellowship of the Royal Australasian College of Medical Administrators as well as Master of Business Administration from Monash University and is a Graduate of the Australian Institute of Company Directors.

Lee has worked in public hospital executive management in Victoria for over 25 years, with extensive experience in both medical administration and general management.

Her most recent executive role was Executive Director Medical Services/ Chief Medical Officer Alfred Health, which she held for more than 15 years until late 2024. Her previous senior appointments include at Eastern Health as Chief Medical Officer & General Manager Acute Services; and before that, in similar roles at Northern Health. She has recently finished on the Council/Board of the Victorian Institute of Forensic Medicine after an eight-year tenure.

Lee has a keen interest in clinical governance, patient safety and quality and the interface between medicine and the law.

She is chair of the Austin Health Clinical Safety & Quality Committee, and a member of the Primary Care and Population Health Advisory and People & Culture Committees.



Denise Heinjus OAM

(AAICD, M Health SCI, Grad
Cert Management, RN)

Director
July 2024–present

Ms Denise Heinjus was appointed to the Austin Health Board in July 2024.

Denise's nursing career spans 55 years including Executive Director of Nursing at the Royal Melbourne Hospital for 16 years. She held similar roles as Executive Director of Nursing and Midwifery at Monash Health, Illawarra Area Health Service and Northern Sydney Central Coast. Her roles have included managing Nursing services, Workforce and Education, Residential Aged Care, Allied Health Services, Aboriginal and Torres Strait Islander Health and Emergency Management.

Denise holds a Graduate Certificate in Management and Master of Health Science (Honours). Throughout her career, she has held professional appointments with University of Melbourne, Australian Catholic University, Deakin University and University of Wollongong.

Denise is committed to closing the health gap for First Nations people and is encouraged to see the increasing numbers of health workers identifying as First Nations people. She values the importance of shared leadership and teamwork, genuine community consultation and engagement, and is an experienced leader in driving positive cultural change for the mutual benefit of staff and consumers.

Denise is a member of the Austin Health Clinical Safety and Quality Committee and Community Advisory Committee and is chair of the Primary Care and Population Health Advisory Committee.



Robyn McLeod AM

(BA, BEd, FAICD)

Director
July 2022–present

Robyn McLeod has held the positions of Independent Commissioner for Water Security in South Australia, National Director of Water at KPMG, and Executive Director of Major Projects – Water with the Department of Sustainability and Environment, Victoria.

Robyn is currently a non-executive director on the Board of CleanTeQ Water Limited (ASX:CNQ) and Yarra Valley Water.

Previously, Robyn was a director of the boards of Melbourne Water, VicWater and Monash Health (where she served on the Finance Committee, Risk and Audit Committee, and the Consumer Advocacy Committee).

Robyn is a Graduate of the Australian Institute of Company Directors and completed the Senior Executive Fellows Program at The Kennedy School of Government, Harvard University. Previous board positions include as an inaugural director of The Australian Centre for Social Innovation.

In June 2024, Robyn was awarded the honour of Member of the Order of Australia (AM) in the General Division for significant service to the community through social welfare and governance roles.

Robyn is a member of the Austin Health Audit and Risk Committee and chair of the Community Advisory Committee.



Fi Slaven

(BAppSc Nursing, Critical Care
Certificate, GradDip Critical
Care, GradDip Health Admin,
MBA, GAICD)

Director
July 2018–present

Fi Slaven is a partner at the accounting and professional services firm William Buck Victoria and chair of their Risk Committee. She is also the Chair and a non Executive Director of the Spinal Research Institute.

Fi is a passionate advocate for diversity, equality and inclusion and has been particularly focused and influential in promoting women's participation in STEM careers. As such, Fi was recognised for her contributions to the industry by her peers and was named 2014 National and Victorian ICT Woman of the Year.

After advancing IT leadership roles within healthcare, Fi was appointed as the first Australian Chief Information Officer for a national accounting firm and subsequently became the first female and Australian IT Asia Pacific regional co-ordinator and representative on the IT Advisory Committee.

Commencing her career at the Austin Hospital as a graduate nurse and then specialising in critical care, Fi progressed into senior nursing roles which led to a move into the technology industry and managing IT services within private healthcare groups.

Fi is a member of the Austin Health Finance and Resources Committee, Chair of the People and Culture Committee and was a member of the Primary Care and Population Health Advisory Committee up until March 2024.

Austin Health Board Committees 2024-25

Audit and Risk Committee 2024-25

Dr Bruce Cohen	Member and Chair
Tim Barta	Member
Ross Cooke	Member
Joel Chibert	Member
Robyn McLeod	Member

Finance and Resources Committee 2024-25

Joel Chibert	Chair
Ross Cooke	Member
Fi Slaven	Member
Dr Bruce Cohen	Member

People and Culture Committee 2024-25

Fi Slaven	Chair
Dr Lee Hamley	Member
Tim Barta	Member
Ross Cooke	Ex-Officio Member

Remuneration Committee 2024-25

Ross Cooke	Chair
Fi Slaven	Member
Robyn McLeod	Member
Joel Chibert	Member

Primary Care and Population Health Committee 2024-25

Denise Heinjus	Chair
Dr Lee Hamley	Member
Tim Barta	Member
Ross Cooke	Ex-Officio Member
Ray Kelly	Consumer Member
Helen Roberston	Consumer Member

Clinical Safety and Quality Committee 2024-25

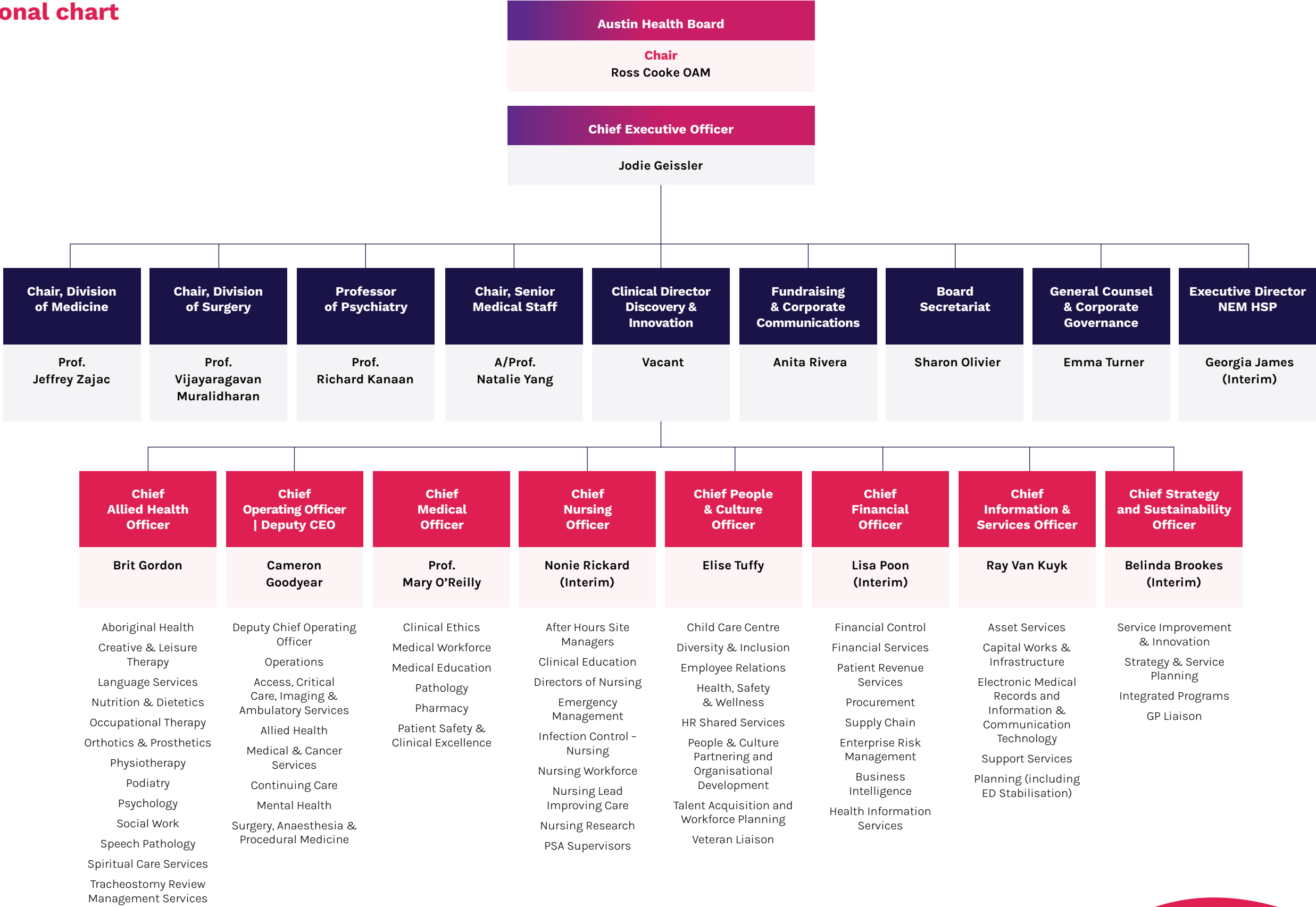
Dr Lee Hamley	Chair
Dr Bruce Cohen	Member
Dr Christine Bessell	Member
Denise Heinjus	Member
Ross Cooke	Ex-Officio Member
Penny Anderson	Consumer Member
Helen Roberston	Consumer Member

Community Advisory Committee 2024-25

Robyn McLeod	Co-Chair
Ray Kelly	Consumer Co-Chair
Ross Cooke	Member
Denise Heinjus	Member
Dr Christine Bessell	Member
Fay Bellis	Consumer Member
Margaret Jack	Consumer Member
Maria McCluskey	Consumer Member
Dr George Taleporos	Consumer Member
Dr Mario D'Cruz	Consumer Attendee
Rachel Woodlock	Consumer Member
Assunta Fogliaro	Consumer Member
Ricki Spencer	Consumer Member
Chris Gray	Consumer Member



Organisational chart



Corporate information

Attestations

Financial Management Compliance

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



Ross Cooke, Board Chair,
4 September 2025

Conflict of Interest Declaration

I, Jodie Geissler, certify that Austin 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 Austin 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.



Jodie Geissler, Chief Executive Officer,
4 September 2025

Data Integrity Declaration

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



Jodie Geissler, Chief Executive Officer,
4 September 2025

Health Share Victoria (HSV) Purchasing Policies Compliance

I, Jodie Geissler, certify that Austin Health has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies 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.



Jodie Geissler, Chief Executive Officer,
4 September 2025

Integrity, Fraud and Corruption Declaration

I, Jodie Geissler, certify that Austin Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Austin Health during the year.



Jodie Geissler, Chief Executive Officer,
4 September 2025

Complying with legislation

Public Interest Disclosures Act 2012

Austin Health is committed to the aims and objectives of the *Public Interest Disclosures Act 2012* and has procedures in place to facilitate the making of disclosures, to investigate disclosures and to protect persons making disclosures. Procedures can be obtained from the General Counsel, who is the Public Interest Disclosure Coordinator, on 03 9496 5300 or by writing to the General Counsel, Austin Health, PO Box 5555, Heidelberg, Victoria 3084.

In 2024-25, no disclosures were notified to the Independent Broad-based Anti-Corruption Committee (IBAC).

National Competition Policy

Austin Health is committed to ensuring that services demonstrate both quality and efficiency. Competitive neutrality, which supports the National Competition Policy, assists to ensure any net competitive advantages of a government business are offset. Austin Health understands the requirements of competitive neutrality and acts accordingly, complying with the Competitive Neutrality Policy Victoria and any subsequent reforms that relate to expenditure, infrastructure projects and partnerships between private and public sectors.

Local Jobs First Act disclosures

The Local Jobs First Policy relates to the participation by local industry in projects, developments, procurements, and other initiatives. Austin Health continues to work to ensure that the objectives of the Local Jobs First Policy are met on all projects meeting the relevant criteria and reporting outcomes as prescribed.

Project Name	Type	Local Content Committed (%)	No. of Actual SMEs in Supply Chain ¹	Total Created Hours	Total Retained Hours
Volumetric Pump Fleet Replacement	Goods	44.75%	3	0	14,000
Provision, Installation and Ongoing Maintenance of a Robotic Surgical System	Goods	33%	10	0	1,610

¹ Small, medium enterprise

Social Procurement Framework

Austin Health’s Social Procurement Strategy 2023–2027 outlines three key priority objectives to support and guide our social procurement activities:

- 1. Opportunities for Victorian Aboriginal people
- 2. Opportunities for Victorians with disability
- 3. Environmentally sustainable outputs

Social Procurement Framework Report

SPF Objective	Outcome	Metric	Unit of measure	2024-2025 (Actual)
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	Total expenditure with Victorian Aboriginal businesses	8	\$54,042
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises and Australian Disability Enterprises	Total expenditure with Victorian social enterprises (led by a mission for people with disability) and Australian Disability Enterprises	1	\$272
Opportunities for disadvantaged Victorians	Purchasing from Victorian social enterprises	Total expenditure with Victorian social enterprises (led by a social mission for one of the five disadvantaged cohorts)	0	\$0

Note: The following transactions are not included in the figures above:

- Transactions with suppliers that do not have an ABN (e.g. overseas suppliers).
- Intra-government transactions.

Activities undertaken to support the Social Procurement Strategy:

- Developed a categorised list of social benefits suppliers for direct procurement and shared with relevant internal Austin Health stakeholders
- Incorporated social procurement clauses across Austin Health legal templates
- Ensure any \$3M+ tender activities include and considers social procurement outcomes.

Patient car parking

Austin Health complies with the relevant hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at: www.austin.org.au/austin-hospital-parking

Carers Recognition Act 2012

The Victorian *Carers Recognition Act 2012* formally recognises the role of carers in our community and defines the relationships between carers and those being cared for. In meeting its obligations to the Carers Recognition Act, Austin Health:

- takes all practicable measures to ensure that its employees and agents have an awareness and understanding of the care relationship principles
- takes all practicable measures to ensure that persons who are in care relationships and who are receiving services in relation to the care relationship from the care support organisation, have an awareness and understanding of the care relationship principles
- takes all practicable measures to ensure that the care support organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

Safe Patient Care Act 2015

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

Asset Management Accountability Framework (AMAF) maturity assessment

Austin Health’s Asset Management Plan (AMP) is reviewed and updated annually to ensure a consistent, integrated approach to compliance with the Asset Management Accountability Framework (AMAF). The AMP details the methodologies and key activities that support our asset management strategy across all asset categories and is formally submitted each year to the Victorian Health Building Authority and the Department of Health.

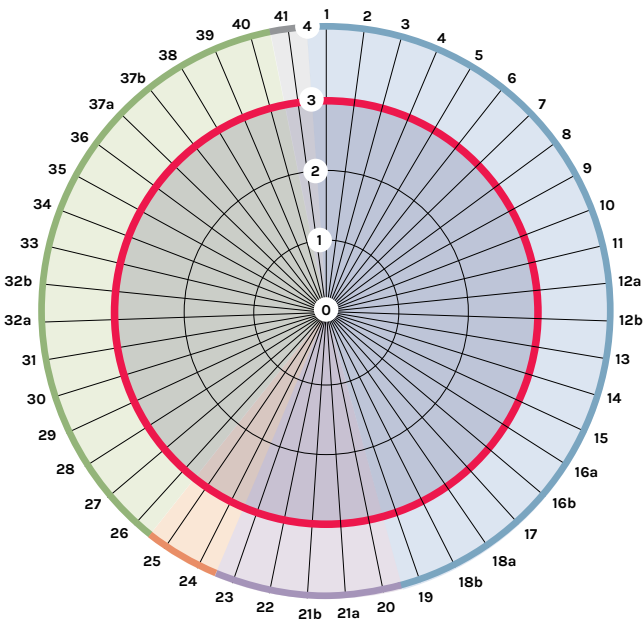
In line with the Ministerial Standing Directions, the annual AMAF compliance assessment has confirmed that Austin Health maintains full compliance across all asset categories for the reporting period 2024–25. Austin Health completed the self-assessment using the mandated Department of Treasury reporting tool below.

Compliance with building and maintenance provisions of Building Act 1993

Austin Health manages all construction projects in accordance with the National Construction Code and relevant Australian Standards. All construction projects are assessed prior to commencement to determine requirements and a building permit is obtained through a Registered Building Surveyor (RBS). The RBS is responsible for the oversight of works to ensure that they are being undertaken as required and will supply the Certificate of Final Inspection to confirm such.

Compliance and maturity rating tool

Asset management maturity



Status	Scale
Not acceptable	N/A
Innocence	0
Awareness	0
Developing	0
Competence	3
Optimising	0
Unassessed	U/A

- Target
- Overall

Gender Equality Act 2020

Austin Health is compliant with its obligations as a defined entity under the *Gender Equality Act 2020*. Our first Gender Equality Action Plan was launched in June 2022 and in February 2024 Austin Health submitted our first progress report to the Victorian Gender Equality Commission. This included a report on the Gender Impact Assessments undertaken, progress in relation to the measures and strategies set out in the Gender Equality Action Plan, and progress in relation to the workplace gender equality indicators. In 2025 the Commission returned its findings that Austin Health is fully compliant with the Victorian *Gender Equality Act 2020*.

Work has continued to implement the strategies and actions outlined in the Gender Equality Action Plan and to embed Gender Impact Assessments into business as usual.

Freedom of Information

The Victorian *Freedom of Information (FOI) Act 1982* gives you the right to request access to medical records held by Austin Health. It is possible to obtain or view copies of medical records and other documents held by the agency.

From 1st July 2024, the FOI application fee is \$32.70. Additional access fees apply to both personal and non-personal requests. The final access fee differs depending on the chosen method of document production (for example electronically via OneDrive, via a disk or paper copy).

In most instances, fees are waived if the applicant has a benefits card (such as a pension or health care card).

Austin Health received 1,928 applications during 2024–25. Of these requests, 585 were non-personal (such as application from insurance companies, Workcover, and UHG) and 1,343 were personal requests (including applications from patients, family members, lawyers).

Austin Health made 1,818 FOI decisions during the 12 months ended 30 June 2025.

Of the total decisions made:

- 1650 granted access to documents in full
- 164 granted access in part
- 4 denied access in full.

All decision decisions were made within the statutory time periods after mandatory extensions had been applied or extensions were agreed upon by the applicant.

During 2024–25, six requests were subject to a complaint/internal review by Office of the Victorian Information Commissioner.

No requests progressed to the Victorian Civil and Administrative Tribunal (VCAT).

For further information about the process for making applications for access to Austin Health documents, visit www.austin.org.au/foi

You can also contact the FOI Office directly:

Phone:
(03) 9496 3103

Email:
foi@austin.org.au

Mail:
Freedom of Information Office
PO Box 5555,
Heidelberg Victoria 3084

All applications were processed in accordance with the provisions of the *Freedom of Information Act 1982*, which provides a legally enforceable right of access to information held by government agencies. Austin Health reports on these requests to the Office of the Victorian Information Commissioner annually.

Disclosure of ICT expenditure

The total ICT expenditure incurred during 2024–25 is \$48.7m with the details shown below:

Business as usual	Non business as usual expenditure		
Expenditure	Total Non BAU	Operational Expenditure	Capital Expenditure
35.8m	12.9m	9.7m	3.2m

Additional information available on request

Austin Health confirms that details relating to the items listed below have been retained and are available to the relevant Ministers, Members of Parliament and the public on request (subject to freedom of information requirements, if applicable):

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

To request additional information please email communications@austin.org.au

Consultancies engaged during 2024-25

Consultancies over \$10,000

Number of consultancies – 6

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2024-25 (excl GST)	Future Expenditure (excl GST)
Red Mosaic Pty Ltd	Project assurance review	Apr 24	Jun 25	\$31,350	\$31,350	
Productivity Matters Pty Ltd	Manual Handling Move Smart Programme Review	Mar 25	Mar 25	\$23,780	\$23,780	
Mrs Louise Simonsen	Service review	Aug 24	Aug 24	\$12,000		
Associate Professor Michael G Jameson	Service review	Aug 24	Aug 24	\$10,000	\$22,000	
EthiQualia	Bioresources Facility Review	Apr 25	May 25	\$39,793	\$39,793	
Productivity Matters Pty Ltd	Systems Thinking Analysis of Slips, Trips and Falls	Dec 24	Dec 24	\$10,200	\$10,200	
Totals					\$127,124	\$0

Consultancies under \$10,000

There were 3 consultancies engaged in 2024-25 of less than \$10,000 per consultancy at a total cost of \$15,830 and no future costs.

Workforce data

Hospital labour category	June current month FTE		Average monthly FTE	
	2024	2025	2024	2025
Nursing	2,962	2,875	2,853	2,864
Administration & Clerical	1,085	1,055	1,100	1,065
Medical Support	777	768	781	770
Hotel & Allied Services	589	574	583	575
Medical Officers	176	149	170	151
Hospital Medical Officers	650	665	638	662
Sessional Clinicians	227	272	226	254
Ancillary Staff (Allied Health)	819	825	763	808
Total	7,285	7,184	7,114	7,150

Employment and conduct principles

Austin Health is an Equal Opportunity Employer. Our employment decisions are based on merit and equity, and we are committed to providing a safe workplace that is free of harassment or discrimination. Staff are committed to our values as the principles of employment and conduct. Employees have been correctly classified in workforce data collections.

Occupational health and safety

Occupational health and safety statistics	2022-23	2023-24	2024-25
The number of reported hazards/incidents for the year per 100 FTE ¹	24.55	16.07	27.91
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.94	1.10	0.83
The average cost per WorkCover claim for the year ('000)	\$74,583	\$68,560	\$120,308

¹ FTE stands for 'full time equivalent'.

Occupational violence

Occupational violence statistics	2024-25
Workcover claims with an occupational violence cause per 100 FTE	0.22
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	1.20
Number of occupational violence incidents reported	1118
Number of occupational violence incidents reported per 100 FTE	15.63
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	39%

Definitions of occupational violence

- Occupational violence - any incident where an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of their employment.
- Incident - an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- Accepted Workcover claims - accepted Workcover claims that were lodged in 2024-2025
- Lost time - is defined as greater than one day.
- Injury, illness, or condition - this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Our environmental performance

Greenhouse gas emissions	2024-25	2023-24	2022-23
G1 Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))			
Carbon Dioxide	12,510.35	11,279.51	13,378.05
Methane	23.76	21.24	25.33
Nitrous Oxide	9.17	8.34	9.28
Total	12,543.27	11,309.09	13,412.66
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (CO2-e(t))	12,212.41	10,895.14	12,996.27
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (CO2-e(t))	330.87	413.95	416.38
Medical/Refrigerant gases			
Total Scope 1 (direct) greenhouse gas emissions (CO2-e(t))	12,543.27	11,309.09	13,412.66
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))			
<i>Note: The emissions calculation for electricity-related activities uses the market-based method, as opposed to the location-based method used in previous FRD report versions.</i>			
Electricity	30,205.54	31,110.23	30,932.61
Total Scope 2 (indirect electricity) greenhouse gas emissions (CO2-e(t))	30,205.54	31,110.23	30,932.61
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (CO2-e(t))			
Commercial air travel			
Waste emissions (WR5)	2,821.44	2,775.20	2,946.60
Indirect emissions from Stationary Energy	5,049.97	4,686.50	4,994.24
Indirect emissions from Transport Energy	81.91	103.68	104.91
Paper emissions			
Water emissions	460.62	428.18	439.17
Any other Scope 3 emissions			
Total Scope 3 greenhouse gas emissions (CO2-e(t))	8,413.94	7,993.55	8,484.92
G(Opt) Net greenhouse gas emissions (CO2-e(t))			
Gross greenhouse gas emissions (G1 + G2 + G3) (CO2-e(t))	51,162.75	50,412.87	52,830.19
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.14	0.13	0.14
Any Reduction Measures Offsets purchased (EL4-related)			
Any Offsets purchased			
Net greenhouse gas emissions (CO2-e(t))	51,162.75	50,412.87	52,830.19

Electricity use	2024-25	2023-24	2022-23
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	45,806.43	47,300.11	45,028.78
Self-generated	429.59	44.25	
EL1 Total electricity consumption (MWh)	46,236.02	47,344.36	45,028.78
EL2 On site-electricity generated (MWh) segmented by:			
Consumption behind-the-meter			
Solar Electricity	429.59	44.25	
Total Consumption behind-the-meter (MWh)	429.59	44.25	
Exports			
EL2 Total On site-electricity generated (MWh)	429.59	44.25	
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	15.92	15.92	15.92
Solar System	0.30	0.30	0.07
EL3 Total On-site installed generation capacity (MW)	16.22	16.22	15.98
EL4 Total electricity offsets segmented by offset type (MWh)			
RPP (Renewable Power Percentage in the grid)	8,385.83	8,873.32	8,465.41
EL4 Total electricity offsets (MWh)	8,385.83	8,873.32	8,465.41

Stationary energy	2024-25	2023-24	2022-23
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	236,996,050.81	211,433,024.81	252,207,883.75
F1 Total fuels used in buildings (MJ)	236,996,050.81	211,433,024.81	252,207,883.75
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (CO2-e(t))			
Natural gas	12,212.41	10,895.14	12,996.27
F2 Greenhouse gas emissions from stationary fuel consumption (CO2-e(t))	12,212.41	10,895.14	12,996.27

Transportation energy	2024-25	2023-24	2022-23
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T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)

Non-executive fleet - Gasoline	1,046,674.10	3,358,121.70	4,450,705.90
Petrol	1,046,674.10	3,358,121.70	4,450,705.90
Non-executive fleet - E10	4,716.60	3,318.50	
Petrol (E10)	4,716.60	3,318.50	
Non-executive fleet - Diesel	3,689,858.90	2,651,160.00	1,639,349.80
Diesel	3,689,858.90	2,651,160.00	1,639,349.80
Total energy used in transportation (vehicle fleet) (MJ)	4,741,249.60	6,012,600.20	6,090,055.70

T2 Number and proportion of vehicles in the organisational boundary segmented by engine/fuel type and vehicle category

Note: Not reported by Eden Suite

T3 Greenhouse gas emissions from transportation (vehicle fleet) segmented by fuel type (CO2-e(t))

Non-executive fleet - Gasoline	70.78	227.08	300.96
Petrol	70.78	227.08	300.96
Non-executive fleet - E10	0.29	0.20	
Petrol (E10)	0.29	0.20	
Non-executive fleet - Diesel	259.80	186.67	115.43
Diesel	259.80	186.67	115.43
Total Greenhouse gas emissions from transportation (vehicle fleet) (CO2-e(t))	330.87	413.95	416.38

Total energy use	2024-25	2023-24	2022-23
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E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)

Total energy usage from stationary fuels (F1) (MJ)	236,996,050.81	211,433,024.81	252,207,883.75
Total energy usage from transport (T1) (MJ)	4,741,249.60	6,012,600.20	6,090,055.70
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	241,737,300.41	217,445,625.01	258,297,939.45

E2 Total energy usage from electricity (MJ)

Total energy usage from electricity (MJ)	166,449,663.19	170,439,692.02	162,103,607.34
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E3 Total energy usage segmented by renewable and non-renewable sources (MJ)

Renewable	31,735,970.87	32,103,588.98	30,475,478.14
Non-renewable (E1 + E2 - E3 Renewable)	376,450,992.74	355,781,728.06	389,926,068.64

E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser

Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	496,854.33	211,446.69	143,112.78
Energy per unit of LOS (MJ/LOS)	1,088.10	1,011.37	1,099.85
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	1,085.72	1,006.56	1,091.46
Energy per unit of Separations (MJ/Separations)	3,165.40	2,995.01	3,439.13
Energy per unit of floor space (MJ/m2)	1,309.32	1,239.31	1,344.58

Water use	2024-25	2023-24	2022-23
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W1 Total units of metered water consumed by water source (kL)

Potable water (kL)	281,601.99	255,157.90	259,270.69
Total units of water consumed (kL)	281,601.99	255,157.90	259,270.69

W2 Units of metered water consumed normalised by FTE, headcount, floor area, or other entity or sector specific quantity

Water per unit of Aged Care OBD (kL/Aged Care OBD)	346.80	141.28	89.56
Water per unit of LOS (kL/LOS)	0.76	0.68	0.69
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.76	0.67	0.68
Water per unit of Separations (kL/Separations)	2.21	2.00	2.15
Water per unit of floor space (kL/m2)	0.91	0.83	0.84

Waste and recycling	2024-25	2023-24	2022-23
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
<i>Landfill (total)</i>			
General waste - bins	154,831.00	127,999.00	138,130.00
General waste - compactors	1,688,267.00	1,680,556.00	1,821,150.00
General waste - skips	68,980.00	39,900.00	
<i>Offsite treatment</i>			
Clinical waste - incinerated	334,746.00	368,719.67	410,121.43
Clinical waste - sharps	31,917.00	32,554.52	26,449.05
Clinical waste - treated		4,346.28	3,466.00
<i>Recycling/recovery (disposal)</i>			
Batteries	4,657.00	4,466.00	2,068.00
Cardboard	166,306.00	143,739.50	151,080.00
Commingled	41,103.00	31,260.00	24,833.00
E-waste	11,920.00	12,590.00	1,886.00
Fluorescent tubes	1,014.00	921.00	1,006.00
Grease traps	102,267.85	93,200.00	75,600.00
Metals	21,850.00	15,512.00	25,603.00
Organics (food)	483.00		
Packaging plastics/films	4,078.00	4,223.00	2,970.00
Paper (confidential)	131,300.00	117,169.00	
PVC		486.00	74.00
Reused Medical Supplies and Equipment	352.00	203.50	
Toner & print cartridges	623.00	529.08	
Wood	10,307.25	6,113.00	11,746.30
Total units of waste disposed (kg)	2,775,002.10	2,684,487.55	2,696,182.78

Waste and recycling	2024-25	2023-24	2022-23
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WR1 Total units of waste disposed of by waste stream and disposal method (%)

Landfill (total)

General waste	68.90%	68.86%	72.67%
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Offsite treatment

Clinical waste - incinerated	12.06%	13.74%	15.21%
Clinical waste - sharps	1.15%	1.21%	0.98%
Clinical waste - treated		0.16%	0.13%

Recycling/recovery (disposal)

Batteries	0.17%	0.17%	0.08%
Cardboard	5.99%	5.35%	5.60%
Commingled	1.48%	1.16%	0.92%
E-waste	0.43%	0.47%	0.07%
Fluorescent tubes	0.04%	0.03%	0.04%
Grease traps	3.69%	3.47%	2.80%
Metals	0.79%	0.58%	0.95%
Organics (food)	0.02%		
Packaging plastics/films	0.15%	0.16%	0.11%
Paper (confidential)	4.73%	4.36%	
PVC		0.02%	0.00%
Reused Medical Supplies and Equipment	0.01%	0.01%	
Toner & print cartridges	0.02%	0.02%	
Wood	0.37%	0.23%	0.44%

WR2 Percentage of office sites covered by dedicated collection services for each waste stream

Note: Not reported by Eden Suite

Printer cartridges			
Batteries			
e-waste			
Soft plastics			

WR3 Total units of waste disposed normalised by FTE, headcount, floor area, or other entity or sector specific quantity, by disposal method

Total waste to landfill per patient treated ((kg general waste)/PPT)	3.25	3.11	3.33
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.62	0.68	0.75
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.84	0.72	0.50

Waste and recycling	2024-25	2023-24	2022-23
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	496,261.10	430,412.08	296,866.30
Weight of total waste (kg)	2,775,002.10	2,684,487.55	2,696,182.78
Recycling rate (%)	17.88%	16.03%	11.01%
WR5 Greenhouse gas emissions associated with waste disposal (CO2-e(t))			
CO2-e(t)	2,821.44	2,775.20	2,946.60

Normalisation factors	2024-25	2023-24	2022-23
1000km (Corporate)	-	-	-
1000km (Non-emergency)	-	-	-
Aged Care OBD	812.00	1,806.00	2,895.00
ED Departures	88,406.00	86,934.00	87,972.00
FTE	7,188.00	7,295.00	7,171.00
LOS	370,781.00	377,578.00	376,698.00
OBD	371,593.00	379,384.00	379,593.00
PPT	587,454.00	593,821.00	588,035.00
Separations	127,455.00	127,503.00	120,470.00
TotalAreaM2	308,134.00	308,134.00	308,134.00

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

General information

We are a public health service established under the *Health Services Act 1988* (Vic).

2024-25 Statement of Priorities

Part A: Strategic Priorities

Excellence in Clinical Governance		
Goal	Austin Health deliverable	Outcome
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.	Improve paediatric patient outcomes by implementing the “ViCTOR track and trigger” observation chart and escalation system whenever children have observations taken.	Achieved The ‘ViCTOR track and trigger’ chart has been implemented in all areas at Austin Health where children have observations taken. This includes the Emergency Department, acute and mental health inpatient wards, operating suites and recovery, and specialist clinics.
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.	Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.	Ongoing The focus of the Timely Emergency Care work has shifted organisationally to align to the goals of the Timely Emergency Care Collaborative 2. A number of initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care have been implemented, including: • A new model of care in the Better@Home acute service to support timely acute care for older patients at risk of frailty in their home. • A centralised older person intake within the Emergency Department, which focuses finding the right location for progression for older patients. • Maturing our ‘Geriatric Emergency Department Innovation’ (GEDI) model, to support early warning for patients at risk of frailty. • Refreshing our General Medicine Outpatient Clinics to support timely access to a General Medicine physician without needing an inpatient admission. This includes intake from both community (via General Practitioners) as well as Emergency Department presentations.

Part A: Strategic Priorities (continued)

Excellence in Clinical Governance		
Goal	Austin Health deliverable	Outcome
Improve mental health and wellbeing outcomes by implementing Victoria’s new and expanded Mental Health and Wellbeing system architecture and services.	Engage in one or more mental health improvement programs of Safer Care Victoria – elimination of restrictive intervention, improving sexual safety, implementation of the zero-suicide framework and reducing compulsory treatment.	Achieved The Austin Mental Health Division have engaged in the Safer Care Victoria Mental Health Improvement Program – Towards Elimination of Restrictive Practices – which aims to reduce restrictive interventions. Safer Care Victoria held two workshops in 2025, attended by staff from the Acute Psychiatric Unit and Adolescent Inpatient Psychiatry Unit. At the second workshop, the Acute Psychiatry Unit’s progress was presented, which was well received. The Acute Psychiatry Unit are currently testing their Plan, Do, Study, Act cycle with active engagement on consumer orientation with lived and living experience workforce. Feedback from consumers is being collected about this process, and the impact it is having on their orientation to ward, reducing distress and building connections with staff, to reduce restrictive interventions. The Adolescent Inpatient Psychiatry Unit has initiated a safety huddle as their Plan, Do, Study, Act cycle with the multidisciplinary team and consumer input. This is currently being tested with positive impact/feedback from consumers. Both units have current and active plans to expand these Plan, Do, Study, Act cycles after reviewing the current cycle.

Part A: Strategic Priorities (continued)

Excellence in Clinical Governance		
Goal	Austin Health deliverable	Outcome
Maintain a commitment to delivering equitable access to planned surgery and drive reform in alignment with the Planned Surgery Reform Blueprint.	Proactively manage preparation lists (formerly waiting lists) including validation and support of patients into optimal care pathways.	Ongoing Auditing of the planned surgery preparation list is now business as usual. The Patient Support Unit continues to monitor and report on the number of patients audited, the response rate, and the volume of removals as a result of the audit. Patients are streamed to the most appropriate care pathway as part of their pre-operative assessment.
	Implement and deliver strategic initiatives that foster collaboration, improve timeliness of care and progress the blueprint reforms.	Ongoing The Patient Support Unit is leading the implementation and delivery of strategic initiatives that foster collaboration, improve timeliness of care and progress the blueprint reforms via three workstreams: 1. Planned procedures 2. Ambulatory services 3. Non-surgical pathways Initiatives underway include: • Introduction of additional Enhanced Recovery After Surgery (ERAS) pathways, which include optimising patients' health before surgery, and standardised, evidence-based care pathways, with the aim of improving outcomes and earlier recovery. • Increased utilisation of home-based and virtual care to support ERAS, same day and other surgical pathways. • Advanced practice roles to support surgical optimisation and the diversion of patients to non-surgical pathways. • High-risk nurse coordinators to coordinate the care of high-risk patients and optimise their use of resources. • Pilot of a telehealth model to reduce the number of 'fail to arrives' in specialist clinics.

Part A: Strategic Priorities (continued)

Operate within budget		
Goal	Austin Health deliverable	Outcome
Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.	Deliver on the key initiatives as outlined in the Budget Action Plan.	Achieved Total savings for the 2024-25 financial year have been achieved in line with target expectations. Where a couple of initiatives were not met, Austin Health identified alternative savings to offset these shortfalls.
	Utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Achieved The 2024-25 Budget Action Plan savings target was achieved.
	Austin Health will work closely and openly with HealthShare Victoria (HSV) from a relevant data gathering, relevant data sharing (access to contracts, staffing information, financial) and any other relevant perspective to ensure timely preparedness for eventual consolidation of their purchasing and supply chain (logistics) functions to HSV.	Ongoing Austin Health is collaborating with HSV in an ongoing trial of thirty products from the HSV Distribution Centre. A review of potential additional products to add to the trial is underway.

Part A: Strategic Priorities (continued)

Improving equitable access to healthcare and wellbeing		
Goal	Austin Health deliverable	Outcome
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.	Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	Ongoing Austin Health is committed to helping First Nations people feel safe, supported and valued, and is continuing its efforts to create a more welcoming environment. Key achievements in 2024–25 have included: • Relocation of the Ngarra Jarra Aboriginal Health Unit to a purpose-built space, which is a place of connection for Aboriginal patients, community members and staff. • Installation of a mural designed by Wurundjeri Elder and artist, Alex Kerr, at one of the main Austin Hospital entrances. • Design and installation of large Acknowledgement plaques by Kinya Lerrk.
	Strategies to increase transparency and accountability of cultural safety across health services by monitoring of Aboriginal health data, and cultural safety indicators and targets. This includes oversight by the health service board, executive and Aboriginal governance groups, and data-sharing agreements with Aboriginal community-controlled health organisations.	Ongoing The Aboriginal and Torres Strait Islander Health Governance Committee reviews and discusses actions to improve key safety and quality indicators on the Cultural Safety Dashboard at each meeting. Aboriginal Health KPIs are also incorporated into the organisational scorecard, and performance against these KPIs is monitored by the Executive Committee and Board through quarterly reporting. A cultural safety audit was undertaken in late 2024, with results presented to the Executive Committee and Board, and shared across a number of forums at Austin Health. Recommendations from the audit have informed an action plan, which was also developed in consultation with First Nations staff. Austin Health continues to foster strong relationships with Aboriginal community-controlled health organisations in our region.
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.	Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	Ongoing Austin Health has mandated Aboriginal and Torres Strait Islander Cultural Safety training for a number of years. However, a review of the existing training offered is planned with a view to developing a tiered and more targeted approach to training, which will include both face-to-face sessions of varying durations and online elements.

Part A: Strategic Priorities (continued)

A stronger workforce		
Goal	Austin Health deliverable	Outcome
Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	Ongoing Austin Health's People Strategy 2023-27 includes key actions that are designed to improve the employee experience across the four focus areas. In 2024-25, programs and achievements have included: • Delivery of the Frontline Leadership Program, designed to build the capabilities of our frontline leaders. In 2024-25 this program was delivered to four cohorts and over 80 participants. • Delivery of the Specialist Certificate in Clinical Leadership for medical staff, in collaboration with the University of Melbourne, to support senior medical staff to effectively lead and drive positive change to improve care across Austin Health. In the last 12 months, 17 senior medical practitioners have participated in the program. • An expanded, multi-site Austin Health Staff Wellbeing Festival. • Implementation of first year actions in the 2024-27 Wellbeing Action Plan. • Implementation of a fatigue risk management plan. • Delivery of forums and training focusing on Occupational Violence and Aggression. • Further embedding the principles of Safewards – a model of engagement and a preventative strategy for early identification of behaviours of concern. • A continued focus on encouraging staff and managers participating in regular performance feedback, career conversations and learning and development requirements via the Performance Review and Development process and framework. • Planning for the development of an Emerging Leaders Program which aims to build the capabilities of the participants, and establishes a solid foundation for their leadership journey, exploring their strengths and values as a leader.

Part A: Strategic Priorities (continued)

A stronger workforce		
Goal	Austin Health deliverable	Outcome
Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.	Ongoing Austin Health is committed to achieving sustainable improvements in workforce wellbeing and safety. Through the implementation of the Workforce Wellbeing Action Plan 24-27, a number of new or expanded programs and events have been delivered in 2024-25, including: • An expanded Wellbeing festival, that reached almost 1,200 staff across seven Austin Health sites and was informed by feedback and evaluation of the inaugural Wellbeing Festival. Key highlights of the festival included the 'after dark' festival, which reached over 200 night staff, the 'financial lounge', helping staff navigate financial wellness, and the 'vases of appreciation' which enabled staff to express gratitude and creativity through floral arrangement. • Additional pop-up wellbeing events held in March 2025. • Establishment of a wellbeing influencers community of practice – a multidisciplinary group of Austin Health staff with a shared passion for workforce wellbeing. • Utilisation of the 'Joy in Work' framework to develop improvement initiatives in local areas focusing on burnout, stress, joy and psychological safety.
Explore new and contemporary models of care and practice, including future roles and capabilities.	Continuing to support the implementation of medium and long-term priorities of the Mental Health Workforce Strategy.	Ongoing A number of initiatives have been put in place to support the implementation of medium and long-term priorities of the Mental Health Workforce Strategy, across four priority areas: 1. Building workforce supply 2. Building workforce skills 3. Supporting workforce safety, wellbeing and retention 4. Building system enablers for workforce excellence Initiatives include those that: • Maintain existing workforce and grow a new workforce through recruitment strategies, including increasing lived experience roles. • Strengthen graduate and division wide training and education, including specialist clinician-led training. • Maintain a focus on other staff and patient safety. • Enhance the integration of lived and living experience.

Part A: Strategic Priorities (continued)

Moving from competition to collaboration		
Goal	Austin Health deliverable	Outcome
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.	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.	Ongoing The Austin Health Primary Care Strategy 2023–27 provides strategic direction, coordination and support to integration initiatives to deliver better outcomes for patients in our community. Through the Primary Care and Population Health Advisory Committee, and in collaboration with the Primary Health Networks and community providers, diabetes has been identified as a priority focus area for exploration of an improved integrated care model. Planning has commenced for several workshops with key stakeholders (General Practitioners, consumers, Community Health Services and Austin Health Endocrinology staff) to map the current and desired future state in July/August 2025. Austin Health has commenced the General Practitioner Portal Project; developing and testing a proof of concept portal in the CRM. This project is funded by the Eastern Melbourne Primary Health Network. All project team members have been recruited and requirements gathering has commenced with key stakeholders, including Austin Health's General Practitioner Reference Group.
	Establish Regional Pathology partnerships to improve access to tertiary and specialist pathology services for people in regional areas of Victoria.	Ongoing Austin Health is committed to improving access for patients and consumers to high quality pathology services, and to providing accessible and responsive public pathology services to the north-east region of Victoria. The transition of the pathology service at Bendigo Health from a private provider to Austin Health Pathology has commenced. Recruitment of staff at the Bendigo Health laboratory and at Austin Health is underway. Equipment is being procured, and the IT teams are working closely to establish connectivity to the network and the laboratory information system. The go live date is planned for December 2025.
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.	Partner with mental health and wellbeing services in the local region to implement mental health reform.	Ongoing Austin Health Mental Health services are working in collaboration with Mind Australia to deliver the Youth Prevention and Recovery Centre (YPARC). YPARC services are a priority recommendation from the Royal Commission into Victoria's Mental Health System. Construction of the facility, located at the Heidelberg Repatriation Hospital site, is almost complete.

Part A: Strategic Priorities (continued)

Moving from competition to collaboration		
Goal	Austin Health deliverable	Outcome
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.	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.	Achieved The North Eastern Public Health Unit (NEPHU) Population Health Catchment Plan 2023–25 was developed using a collaborative, multi-sectoral process to inform the development of the Plan and identify priority areas for collective action. The 2024–25 Population Health Annual Report captures the work completed under this inaugural Catchment Plan, including the 16 projects delivered, and additional work undertaken over the past year, particularly relating to partnerships, governance, communications and engagement. Development of the 2025–29 Catchment Plan is underway, and has been informed by a robust and engaging consultation process. Nine sector consultation sessions have been held to date and an online survey was designed to enable a broad range of stakeholders and partners to have input in the development of the Plan. Stakeholders consulted have included Local Government, Community Health, Women’s Health and First Nations organisations.
	LPHUs work in partnership with organisations and community to target at least two population health priorities. The priorities and indicators are to be agreed with the Department of Health. Wherever possible LPHUs draw on existing evidence-informed programs and services.	Achieved The NEPHU Population Health Catchment Plan 2023–25 identifies the following two local priority areas for collective action: • Improving sexual and reproductive health • Increasing healthy eating The rationale for priority area selection was underpinned by stakeholder input, literature review, evidence drawn from available population health data, and Department of Health requirements. All Catchment Plan projects are in the final stages of completion and /or publication, with some potentially continuing into 2025–26 due to their success.
	LPHUs receive notifications for integrated notifiable conditions in their catchment.	Achieved Guidelines for public health actions are in place. All notifiable diseases have supporting guidelines and/or Standard Operating Procedures. In 2024–25, 100% of urgent conditions notifications were responded to within 24 hours.

Part B: Performance Priorities

High quality and safe care		
Key Performance Measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza ¹	94%	90%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.536
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%	93.5%
Aboriginal Health		
The gap between the number of Aboriginal patients who discharged against medical advice compared to non-Aboriginal patients	0%	1.5%
The gap between the number of Aboriginal patients who 'did not wait' presenting to hospital emergency departments compared to non-Aboriginal patients	0%	1.5%
Mental Health²		
<i>Mental Health Patient Experience</i>		
Percentage of consumers/families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	
<i>Mental Health follow ups, readmissions and seclusions</i>		
Percentage of consumers followed up within 7 days of separation - inpatient	88%	85.5%
Percentage of consumers readmitted within 28 days of separation - inpatient	< 14%	8.2%
Rate of seclusion episodes per 1,000 occupied bed days - inpatient	≤ 6	7.2

¹ Reporting period April to August 2024.

² The YES and CES collection processes in 2024-25 were delayed 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 Report.

Part B: Performance Priorities (continued)

Strong governance, leadership and culture		
Organisational culture	Target	Result
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	72%
Timely access to care		
Key Performance Measure	Target	Result
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%	79.8%
Number of patients admitted from the planned surgery waiting list	13,600	14,022
Percentage of patients on the waiting list who have waited longer than the clinically recommended time for their respective triage category	25% proportional improvement from prior year	31.5%
Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	4% improvement on 23-24 performance	70.6%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0
Mean ED length of stay (admitted) in minutes	7% improvement on 23-24 performance	415
Mean ED length of stay (non-admitted) in minutes	3% improvement on 23-24 performance	257
Inpatient length of stay in minutes	3% improvement on 23-24 performance	3,364
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	26%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	52%
Number of admitted mental health occupied bed days	31,390	29,935
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe	95%	75.3%
Home Based Care		
Percentage of admitted bed days delivered at home	Equal to or better than prior year result	8.2%
Optimisation of surgical inpatient length of stay (LOS), including through the use of virtual and home-based pre- and post-operative models of care	Reduction in average LOS for surgical patients by 2% on 23-24 performance	1.9

Part B: Performance Priorities (continued)

Effective financial management		
Key Performance Measure	Target	Result
Operating result (\$m)	0.00	0.11
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.77
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	Not achieved

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

Part C: Activity and Funding

Funding type	2024-25 activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU and acute admitted additional planned surgery ³	146,492
Acute admitted mental health NWAU	6,239
Acute Admitted	
Acute admitted DVA	652
Acute admitted TAC	756
Acute Non-Admitted	
Radiotherapy WAUs DVA	953
Radiotherapy WAUs Public	102,152
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute NWAU – DVA	106
Transition Care – Bed days	7,268
Transition Care – Home days	10,744
Mental Health and Drug Services	
Mental Health Ambulatory	58,297
Mental Health Inpatient – Available bed days	8,760
Mental Health Subacute	16,283
Other	
NFC – Transplants – Paediatric Liver	7.65 ⁴

³ Activity funding types combined into single line item for the purpose of NWAU reporting.

⁴ Equates to 17 paediatric liver transplants.

Financial summary

The key financial performance measure monitored by the Department of Health and Austin Health is the operating result.

Austin Health recorded an operating surplus of \$0.1m for the financial year, which is in line with the Statement of Priorities breakeven target. The operating surplus result is attributed to Austin Health's achievement of its annual Statement of Priorities activity targets and the implementation of efficiency improvements throughout the year whilst maintaining excellent patient care.

The Net result from transactions of \$141.9m deficit has increased compared to the prior year due to the increase in capital expenditure and depreciation following the revaluation in 2024.

There were no events occurring after reporting date which may significantly affect Austin Health's operations in subsequent financial years.

The financial results for Austin Health over the past five financial years are shown below.

	2025 \$'000	2024 \$'000	2023 \$'000	2022 \$'000	2021 \$'000
Operating Result*	111	335	131	229	41
Total revenue	1,596,322	1,496,843	1,477,078	1,374,435	1,230,943
Total expenses	(1,738,276)	(1,564,438)	(1,508,399)	(1,403,546)	(1,274,067)
Net result from transactions	(141,954)	(67,595)	(31,322)	(29,111)	(43,124)
Total other economic flows	(4,190)	(4,321)	(12,278)	(2,124)	7,362
Net result	(146,144)	(71,916)	(43,600)	(31,235)	(35,762)
Total assets	2,114,668	2,182,897	1,683,206	1,702,542	1,654,558
Total liabilities	581,541	503,627	506,858	482,594	410,419
Net assets/Total equity	1,533,127	1,679,269	1,176,348	1,219,948	1,244,139

* The Operating Result is the key financial performance measure monitored by the Department of Health in the Statement of Priorities.

	2025 \$'000
Operating Result	111
Capital and other income	36,983
Expenditure for capital and other purpose	(27,550)
Depreciation and amortisation	(151,498)
Net result from transactions	(141,954)

Disclosure index

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

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Financials

The attached financial statements for Austin 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 Austin Health at 30 June 2025.

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

We authorise the attached financial statements for issue on this date.



Ross Cooke
Board Chair

Melbourne, 4 September 2025



Jodie Geissler
Chief Executive Officer

Melbourne, 4 September 2025



Lisa Poon
Interim Chief Financial Officer

Melbourne, 4 September 2025

Independent Auditor's Report

To the Board of Austin Health

Opinion	I have audited the financial report of Austin 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 chair, chief executive officer and chief financial officer 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 <i>Financial Management Act 1994</i> and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report. My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants (including Independence Standards)</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Financial Management Act 1994</i>, 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
5 September 2025

Financial Statements and Notes

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Comprehensive operating statement

for the financial year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1	1,517,040	1,436,540
Other sources of income	2.1	79,282	60,303
Total revenue and income from transactions		1,596,322	1,496,843
Expenses from transactions			
Employee expenses	3.1 (a)	(1,162,785)	(1,095,144)
Finance costs	6.1	(1,817)	(1,752)
Depreciation and amortisation	4.2	(151,498)	(100,120)
Other operating expenses	3.1 (d)	(422,176)	(367,423)
Total expenses from transactions		(1,738,276)	(1,564,438)
Net result from transactions - net operating balance		(141,954)	(67,594)
Other economic flows included in net result			
Net gain/(loss) on disposal of share in joint arrangements		-	(736)
Net gain/(loss) on non-financial assets		(132)	(5)
Net gain/(loss) on financial instruments		439	28
Other gain/(loss) from other economic flows		(4,497)	(3,608)
Total other economic flows included in net result		(4,190)	(4,321)
Net result for the year		(146,144)	(71,915)
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1 (b)	-	574,835
Total other comprehensive income		-	574,835
Comprehensive result for the year		(146,144)	502,919

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

Balance sheet

as at 30 June 2025

	Note	2025 \$'000	2024 \$'000
Financial assets			
Cash and cash equivalents	6.2	188,366	141,818
Receivables	5.1	128,410	119,154
Total financial assets		316,776	260,971
Non-financial assets			
Prepayments and other assets		28,928	23,255
Inventories		8,987	8,917
Property, plant and equipment	4.1 (a)	1,648,204	1,772,303
Right-of-use assets	4.1 (b)	111,164	117,354
Intangible assets		609	96
Total non-financial assets		1,797,893	1,921,926
Total assets		2,114,668	2,182,898
Liabilities			
Payables	5.3	186,632	123,501
Borrowings		35,443	37,344
Provisions	3.1 (b)	359,466	342,783
Total liabilities		581,541	503,627
Net assets		1,533,127	1,679,269
Equity			
Property, plant and equipment revaluation surplus		1,775,739	1,775,739
General purpose reserve		154,367	135,833
Restricted specific purpose surplus		7,672	7,433
Contributed capital		534,385	534,385
Accumulated deficits		(939,036)	(774,121)
Total equity		1,533,127	1,679,269

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

Statement of changes in equity

for the financial year ended 30 June 2025

	Property, Plant and Equipment Revaluation Surplus \$'000	General Purpose Reserve \$'000	Restricted Specific Purpose Surplus \$'000	Contributed Capital \$'000	Accumulated Surplus/ (Deficit) \$'000	Total \$'000
Balance at 1 July 2023	1,200,905	131,078	7,313	534,385	(697,332)	1,176,349
Net result for the year	-	-	-	-	(71,915)	(71,915)
Other comprehensive income for the year	574,835	-	-	-	-	574,835
Transfer from/(to) accumulated deficits	-	4,755	120	-	(4,875)	-
Balance at 30 June 2024	1,775,739	135,833	7,433	534,385	(774,121)	1,679,269
Net result for the year	-	-	-	-	(146,144)	(146,144)
Transfer from/(to) accumulated deficits	-	18,534	239	-	(18,773)	-
Balance at 30 June 2025	1,775,739	154,367	7,672	534,385	(939,036)	1,533,125

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

Cash flow statement

for the financial year ended 30 June 2025

	Note	2025 \$'000	2024 \$'000
Cash flows from operating activities			
Operating grants from State Government		1,262,818	1,201,580
Operating grants from Commonwealth Government		66,920	63,005
Capital grants from State Government		28,892	18,529
Capital grants from Commonwealth Government		817	817
Commercial activities, patient and hospital fees received		90,224	75,475
Donations and bequests received		5,226	6,763
Net GST received from ATO		511	-
Interest and investment income received		13,242	8,662
Other receipts		109,208	109,181
Total receipts		1,577,858	1,484,011
Payments to employees		(1,114,482)	(1,076,247)
Payments for supplies and consumables		(270,937)	(266,809)
Finance costs		(1,839)	(1,752)
Net GST paid to ATO		-	(442)
Other payments		(115,842)	(111,297)
Total payments		(1,503,100)	(1,456,547)
Net cash flows from/(used in) operating activities	8.1	74,758	27,464
Cash flows from investing activities			
Purchase of non-financial assets		(22,851)	(68,629)
Proceeds from disposal of non-financial assets		-	4
Net cash flows from/(used in) investing activities		(22,851)	(68,625)
Cash flows from financing activities			
Repayment of borrowings		(1,744)	(1,642)
Repayment of lease liabilities		(3,615)	(3,684)
Net cash flows from/(used in) financing activities		(5,359)	(5,326)
Net increase/(decrease) in cash and cash equivalents held		46,548	(46,487)
Cash and cash equivalents at beginning of year		141,818	188,304
Cash and cash equivalents at end of year	6.2	188,366	141,818

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

Notes to the Financial Statements

for the financial year ended 30 June 2025

Note 1: Basis of preparation

Structure

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

These financial statements represent the audited general purpose financial statements for Austin Health for the year ended 30 June 2025. The report provides users with information about Austin Health's stewardship of resources entrusted to it.

This section explains the basis of preparing the financial statements.

Note 1.1: Basis of preparation

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

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

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

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

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

The financial statements are presented in Australian dollars.

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

The annual financial statements were authorised for issue by the board of Austin Health on 4th September 2025.

Note 1.2: Material accounting estimates and judgements

Management make estimates and judgements when preparing the financial statements.

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

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

The material accounting judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and relate to the following disclosures:

- Note 2.1: Revenue and income from transactions
- Note 3.1: Expenses incurred in the delivery of services
- Note 4.1: Property, plant and equipment
- Note 4.2: Right-of-use assets
- Note 4.3: Depreciation and amortisation
- Note 5.4: Contract liabilities
- Note 7.4: Fair value determination

Note 1.3: Accounting standards issued but not yet effective

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

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

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

Note 1.4: Reporting Entity

The financial statements included all controlled activities of Austin Health.

Its principal address is:

145 Studley Road
Heidelberg, Victoria, 3084

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

Note 1.5: Economic Dependency

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

Note 2: Funding delivery of our services

Austin Health’s overall objective is to provide a quality health service that delivers programs and services to support and enhance the wellbeing of all Victorians.

Austin Health is predominantly funded by grant funding for the provision of services.

Austin Health also receives income from the supply of services.

Structure

2.1 Revenue and income from transactions

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Identifying performance obligations	Austin Health applies material judgement when reviewing the terms and conditions of funding agreements and contracts to determine whether they contain sufficiently specific and enforceable performance obligations. If this criterion is met, the contract/funding agreement is treated as a contract with a customer, requiring Austin Health to recognise revenue as or when the health service transfers promised goods or services to beneficiaries. If this criterion is not met, funding is recognised immediately in the net result from operations.
Determining timing of revenue recognition	Austin Health applies material judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Determining time of capital grant income recognition	Austin Health applies material judgement when its obligation to construct an asset is satisfied. Costs incurred is used to measure Austin Health’s progress as this is deemed to be the most accurate reflection of the stage of completion.

Note 2.1: Revenue and income from transactions

	Note	2025 \$'000	2024 \$'000
Revenue from contracts with customers	2.1(a)	1,517,040	1,436,540
Other sources of income	2.1(b)	79,282	60,303
Total revenue and income from transactions		1,596,322	1,496,843

Note 2.1 (a): Revenue from contracts with customers

	2025 \$'000	2024 \$'000
Government grants (State) - operating	1,272,089	1,218,706
Government grants (Commonwealth) - operating	66,920	63,005
Patient and resident fees	32,012	42,370
Private practice fees	38,752	24,556
Commercial activities ¹	107,267	87,904
Total revenue from contracts with customers	1,517,040	1,436,540

Austin Health disaggregates revenue by the timing of revenue recognition.

	2025 \$'000	2024 \$'000
Goods and services transferred to customers:		
At a point in time	1,409,773	1,348,636
Over time	107,267	87,904
Total revenue from contracts with customers	1,517,040	1,436,540

¹ Commercial activities represent business activities which Austin Health enter into to support their operations.

How we recognise revenue from contracts with customers

Government operating grants

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

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for Austin Health's goods or services.

Austin Health 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 Austin Health's revenue streams, with information detailed below relating to Austin Health's significant revenue streams:

Government grant	Performance obligation
Activity Based Funding (ABF) paid as NWAU	NWAU is a measure of health service activity expressed as a common unit against which the Victorian efficient price (VEP) 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.

Patient and resident fees

Patient and resident fees are charges that can be levied on patients for some services they receive. Patient and resident fees are recognised at a point in time when

the performance obligation, the provision of services, is satisfied, except where the patient and resident fees relate to accommodation charges. Accommodation charges are calculated daily and are recognised over time, to reflect the period accommodation is provided.

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

Private practice fees

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

Commercial activities

Revenue from commercial activities includes items such as car parking, clinical trials, diagnostic tests etc. Commercial activity revenue is recognised at a point in time, upon provision of the goods or service to the customer.

Note 2.1 (b): Other sources of income

	2025 \$'000	2024 \$'000
Operating activities		
Government grants (State) - capital	35,442	24,332
Government grants (Commonwealth) - capital	817	817
Other capital purpose income	400	551
Assets received free of charge or for nominal consideration	-	607
Donations	5,226	6,763
Other income from operating activities	37,397	27,113
Total other sources of income	79,282	60,182
Non-operating activities		
Capital interest	-	121
Total other sources of income	-	121
Total other sources of income	79,282	60,303

How we recognise other sources of income

Government operating grants

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

- contribution 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 Austin 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 Austin Health's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the state of completion.

Interest income

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

Note 3: The cost of delivering our services

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

Structure

3.1 Expenses incurred in the delivery of services

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Classifying employee benefit liabilities	Austin Health applies material judgement when classifying its employee benefit liabilities. Employee benefit liabilities are classified as a current liability if Austin Health does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category. Employee benefit liabilities are classified as a non-current liability if Austin Health has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.
Measuring employee benefit liabilities	Austin Health applies material judgement when measuring and classifying its employee benefit liabilities. The health service applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the health service does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments to employees. Expected future payments incorporate: • an inflation rate of 4.25%, reflecting the future wage and salary levels • duration of service and employee departures, which are used to determine the estimated value of long service leave that will be taken in the future, for employees who have not reached the vesting period. The estimated rates are between 75.49% and 97.23%. • discounting at the rate of 4.20%, as determined with reference to market yields on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.

Note 3.1: Expenses incurred in the delivery of services

	Note	2025 \$'000	2024 \$'000
Employee expenses	3.1 (a)	1,162,785	1,095,144
Other operating expenses	3.1 (d)	422,176	367,423
Total expenses incurred in the delivery of services		1,584,961	1,462,566

Note 3.1 (a): Employee expenses

	2025 \$'000	2024 \$'000
Salaries and wages	883,277	817,592
On-costs	245,895	242,839
Agency expenses	10,344	12,577
Fee for service medical officer expenses	4,081	4,736
WorkCover premium	19,188	17,400
Total employee expenses	1,162,785	1,095,144

How we recognise employee expenses

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

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

	2025 \$'000	2024 \$'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months ⁱ	3,332	3,304
Annual leave		
Unconditional and expected to be settled wholly within 12 months ⁱ	88,785	87,108
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	14,243	13,779
Long service leave		
Unconditional and expected to be settled wholly within 12 months ⁱ	19,904	17,411
Unconditional and expected to be settled wholly after 12 months ⁱⁱ	158,333	147,187
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months ⁱ	14,870	13,701
Unconditional and expected to be settled after 12 months ⁱⁱ	24,555	22,731
Total current employee benefits and related on-costs	324,022	305,221
Non-current employee benefits and related on-costs		
Conditional long service leave	31,012	32,884
Provisions related to employee benefit on-costs	4,432	4,678
Total non-current employee benefits and related on-costs	35,444	37,562
Total employee benefits and related on-costs	359,466	342,783

ⁱ The amounts disclosed are nominal amounts.

ⁱⁱ The amounts disclosed are discounted to present values.

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

Provision for related on-costs movement schedule

	2025 \$'000	2024 \$'000
Carrying amount at start of year	41,110	35,322
Additional provisions recognised	16,278	17,058
Amounts incurred during the year	(14,053)	(11,688)
Unwinding of discount and effect of changes in discount rate	522	418
Carrying amount at end of year	43,857	41,110

How we recognise employee benefits

Employee benefit recognition

Employee benefits are accrued for employees in respect of accrued days off, annual leave and long service leave, for services rendered to the reporting date.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Comprehensive operating statement 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 Austin 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 Austin Health expects to wholly settle within 12 months, or
- Present value – if Austin 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 the Austin 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 Austin Health expects to wholly settle within 12 months, or
- Present value – if Austin 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. Any gain or loss following revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

Termination benefits

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

Provisions

Employment on-costs such as workers compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

Note 3.1 (c): Superannuation

	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Defined benefit plansⁱ				
Aware Super	499	771	41	30
Commonwealth Superannuation Scheme	1,027	1,159	58	50
ESSSuper	40	52	2	1
Defined contribution plans				
Aware Super	42,572	39,724	1,271	1,082
Hesta	40,323	37,221	1,213	1,021
Other	21,102	16,863	667	476
Total	105,563	95,788	3,251	2,660

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

How we recognise superannuation

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

Defined benefit superannuation plans

A defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Comprehensive operating statement in respect of defined benefit superannuation plans represents the contributions made by Austin Health to the superannuation plans in respect of the services of current Austin Health staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

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

The Department of Treasury and Finance discloses the State's defined benefits liabilities in its disclosure for administered items. However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Comprehensive operating statement of Austin Health.

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

Defined contribution superannuation plans

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

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

Note 3.1 (d): Other operating expenses

	2025 \$'000	2024 \$'000
Drug supplies	79,285	73,956
Medical and surgical supplies (including prostheses)	69,767	76,913
Diagnostic and radiology supplies	22,385	23,452
Other supplies and consumables	32,934	36,327
Expenses related to short-term and low-value leases	3,615	3,684
Fuel, light, power and water	15,186	13,911
Repairs and maintenance	20,650	16,940
Maintenance contracts	31,611	27,954
Medical indemnity insurance	14,235	11,268
Other administrative expenses	132,508	83,018
Total other operating expenses	422,176	367,423

How we recognise expenses from transactions

Expense recognition

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

Supplies and consumables

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

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

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

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

Other operating expenses

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

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

Note 4: Key assets to support service delivery

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

Structure
4.1 Property, plant and equipment
4.2 Depreciation and amortisation
4.3 Impairment of assets

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Estimating useful life of property, plant and equipment	Austin Health assigns an estimated useful life to each item of property, plant and equipment. This is used to calculate depreciation of the asset. Austin Health reviews the useful life and depreciation rates of all assets at the end of each financial year and where necessary, records a change in accounting estimate.
Estimating useful life of right-of-use assets	The useful life of each right-of-use asset is typically the respective lease term, except where Austin Health is reasonably certain to exercise a purchase option contained within the lease (if any), in which case the useful life reverts to the estimated useful life of the underlying asset. Austin Health applies material judgement to determine whether or not it is reasonably certain to exercise such purchase options.
Identifying indicators of impairment	At the end of each year, Austin Health assesses impairment by evaluating the conditions and events specific to the health service that may be indicative of impairment triggers. Where an indication exists, the health service tests the asset for impairment. The health service considers a range of information when performing its assessment, including considering: • if an asset’s value has declined more than expected based on normal use • if a significant change in technological, market, economic or legal environment which adversely impacts the way Austin Health uses an asset • if an asset is obsolete or damaged • if the asset has become idle or if there are plans to discontinue or dispose of the asset before the end of its useful life • if the performance of the asset is or will be worse than initially expected. Where an impairment trigger exists, Austin Health applies material judgement and estimate to determine the recoverable amount of the asset.

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
Crown land at fair value	62,375	62,375	-	-	62,375	62,375
Freehold land at fair value	103,792	103,792	-	-	103,792	103,792
Buildings at fair value	1,408,554	1,408,513	(99,909)	-	1,308,645	1,408,513
Plant, equipment and vehicles at fair value	255,903	236,441	(223,809)	(216,928)	32,094	19,513
Works in progress at cost	141,298	178,111	-	-	141,298	178,111
Total property, plant and equipment	1,971,921	1,989,232	(323,718)	(216,928)	1,648,204	1,772,303

How we recognise property, plant and equipment

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

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

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

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

Note	Land \$'000	Buildings \$'000	Plant and equipment \$'000	Works in progress \$'000	Total \$'000
Balance at 1 July 2023	165,900	905,902	22,968	129,293	1,224,065
Additions	-	2,141	11,262	48,819	62,221
Disposals	-	-	(10)	-	(10)
Revaluation increments/(decrements)	267	574,568	-	-	574,835
Depreciation	4.2	(74,099)	(14,707)	-	(88,807)
Balance at 30 June 2024	4.1	166,167	1,408,513	19,513	178,111
Additions	-	-	-	16,826	16,826
Disposals	-	-	(132)	-	(132)
Net Transfers between classes	-	41	53,598	(53,639)	-
Depreciation	4.2	(99,909)	(40,885)	-	(140,793)
Balance at 30 June 2025	4.1	166,167	1,308,645	32,094	141,298

Land and Buildings and Assets Carried at Valuation

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,

Austin Health has elected to apply the practical expedient in FRD 103 Non-Financial Physical Assets and therefore not applied the amendments to AASB 13 *Fair Value Measurement*. The amendments to AASB 13 will be applied at the next scheduled independent revaluation, which is planned to be undertaken in 2029, in accordance with Austin 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
Right-of-use freehold land	134,203	134,203	(33,643)	(28,036)	100,560	106,167
Right-of-use buildings	8,505	8,632	(4,039)	(2,528)	4,466	6,104
Right-of-use plant, equipment and vehicles	8,517	9,671	(2,379)	(4,588)	6,138	5,083
Total right-of-use assets	151,225	152,507	(40,061)	(35,153)	111,164	117,354

	Note	Right-of-use land \$'000	Right-of-use buildings \$'000	Right-of-use plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2023		111,774	3,916	4,435	120,125
Additions		-	4,478	4,526	9,004
Disposals		-	(7)	(1,589)	(1,596)
Depreciation	4.2	(5,607)	(2,283)	(2,289)	(10,179)
Balance at 30 June 2024		106,167	6,104	5,083	117,354
Additions		-	350	3,425	3,775
Disposals		-	-	(597)	(597)
Revaluation increments/(decrements)		-	-	-	-
Depreciation	4.2	(5,607)	(1,988)	(1,773)	(9,368)
Balance at 30 June 2025		100,560	4,466	6,138	111,164

How we recognise right-of-use assets

Initial recognition

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

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

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

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

Subsequent measurement

Right-of-use assets are subsequently measured at fair value, with the exception of right-of-use asset 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.

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

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

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

Note 4.2: Depreciation and amortisation

	2025 \$'000	2024 \$'000
Depreciation		
Buildings	99,909	74,099
Plant and equipment	1,816	1,358
Motor vehicles	20	44
Medical equipment	28,530	11,130
Computers and communication equipment	8,362	1,730
Furniture and fittings	156	66
Other equipment	2,001	379
Total depreciation - property, plant and equipment	140,794	88,807
Right-of-use assets		
Right-of-use land	5,607	5,607
Right-of-use buildings	1,988	2,283
Right-of-use plant, equipment and vehicles	1,773	2,289
Total depreciation - right-of-use assets	9,368	10,179
Amortisation		
Intangible assets	1,336	1,134
Total amortisation	1,336	1,134
Total depreciation and amortisation	151,498	100,120

How we recognise depreciation

All infrastructure assets, buildings, plant and equipment and other non-financial physical assets (excluding items under assets held for sale and 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 Austin 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.

Note 4.2: Depreciation and amortisation (continued)

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		
– Shell/structure	45 to 60 years	45 to 60 years
– Site works/site services	20 to 30 years	20 to 30 years
– Services	15 to 28 years	15 to 28 years
– Fit out	7 to 20 years	10 to 20 years
Plant and equipment	6 to 15 years	6 to 15 years
Medical equipment	5 to 15 years	5 to 15 years
Computers and communication	3 to 5 years	3 to 5 years
Furniture and fitting	3 to 5 years	3 to 5 years
Motor vehicles	1 to 3 years	1 to 3 years
Other equipment	3 to 5 years	3 to 5 years
Intangible Assets	3 to 5 years	3 to 5 years

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

Note 4.3: Impairment of assets

How we recognise impairment

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

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

External sources of information include but are not limited to observable indications that an asset's value has declined during the period by significantly more than would be expected as a result of the passage of time or normal use. Internal sources of information include but are not limited to evidence of obsolescence or physical damage of an asset and significant changes with an adverse effect on Austin Health which changes the way in which an asset is used or expected to be used.

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

When performing an impairment test, Austin Health compares the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in net result, unless the asset is carried at a revalued amount.

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

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

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

Note 5: Other assets and liabilities

This section sets out those assets and liabilities that arose from Austin Health’s operations.

Structure
5.1 Receivables
5.2 Contract assets
5.3 Payables
5.4 Contract liabilities
5.5 Other liabilities

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring deferred capital grant income	Where Austin Health has received funding to construct an identifiable non-financial asset, such funding is recognised as deferred capital grant income until the underlying asset is constructed. Austin Health applies material judgement when measuring the deferred capital grant income balance, which references the estimated stage of completion at the end of each financial year.
Measuring contract liabilities	Austin Health applies material judgement to measure its progress towards satisfying a performance obligation as detailed in Note 2. Where a performance obligation is yet to be satisfied, Austin Health assigns funds to the outstanding obligation and records this as a contract liability until the promised good or service is transferred to the customer.

Note 5.1: Receivables

	Note	2025 \$'000	2024 \$'000
Current receivables			
Contractual			
Inter-hospital debtors		4,507	2,059
Trade debtors		12,184	9,479
Patient fees		11,340	7,548
Provision for impairment	7.2(a)	(531)	(970)
Contractual assets	5.2	5,886	10,999
Total contractual receivables		33,386	29,115
Statutory			
GST receivable		4,860	5,263
Total statutory receivables		4,860	5,263
Total current receivables		38,246	34,378
Non-current receivables			
Contractual			
Long service leave - Department of Health		90,164	84,776
Total non-current contractual receivables		90,164	84,776
Total receivables		128,410	119,154

(i) Financial assets classified as receivables (Note 7.1(a))

	Note	2025 \$'000	2024 \$'000
Total receivables and contract assets		128,410	119,154
GST receivable		(4,860)	(5,263)
Total financial assets classified as receivables	7.1(a)	123,550	113,891

How we recognise receivables

Receivables consist of:

- **Contractual receivables**, include debtors that relate to the provision of 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. Austin Health holds the contractual receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using effective method, less any impairment.
- **Statutory receivables**, include 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. Austin Health applies AASB 9 *Financial Instruments* for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

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

Note 5.2: Contract assets

	Note	2025 \$'000	2024 \$'000
Current			
Contract assets		5,886	10,999
Total contract assets	5.2(a)	5,886	10,999

Note 5.2 (a): Movements in contract assets

	2025 \$'000	2024 \$'000
Balance at the beginning of the year	10,999	21,618
Add: Additional costs incurred that are recoverable from the customer	72,495	74,421
Less: Transfer to revenue recognition	(77,608)	(85,040)
Total contract assets	5,886	10,999

How we recognise contract assets

Contract assets relate to Austin Health's right to consideration in exchange for goods and services transferred to customers for works completed, but not yet billed at the reporting date.

The contract assets are transferred to receivables when the rights become unconditional and at this time, an invoice is issued. Contract assets are expected to be recovered during the next financial year.

Note 5.3: Payables

	Note	2025 \$'000	2024 \$'000
Current payables			
Contractual			
Trade creditors		8,072	11,785
Accrued salary and wages		74,928	43,175
Accrued expenses		66,100	41,791
Deferred capital grant revenue	5.3(a)	21,468	14,003
Contract liabilities	5.4	5,130	1,789
Other		1,081	1,714
Total contractual payables		176,779	114,256
Statutory			
GST payable		735	627
Pay As You Go withholding		5,867	5,958
Superannuation payable		3,251	2,660
Total statutory payables		9,853	9,245
Total payables	7.2(b)	186,632	123,501

Note 5.3: Payables (continued)

(i) Financial liabilities classified as payables and contract liabilities (Note 7.1(a))

	Note	2025 \$'000	2024 \$'000
Total payables		186,632	123,501
Deferred grant income		(21,468)	(14,003)
Contract liabilities		(5,130)	(1,789)
Other		(9,853)	(9,245)
Total financial liabilities classified as payables	7.1(a)	150,181	98,464

How we recognise payables

Payables consist of:

- **Contractual payables**, which include 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 Austin Health prior to the end of the financial year that are unpaid.

- **Statutory payables**, which include 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 60 days.

Maturity analysis of payables

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

Note 5.3 (a): Movement in deferred capital grant income

	2025 \$'000	2024 \$'000
Opening balance of deferred capital grant income	14,003	17,920
Grant consideration for capital works received during the year	36,259	25,149
Deferred capital grant income recognised as income due to completion of capital works	(28,794)	(29,066)
Closing balance of deferred capital grant income	21,468	14,003

How we recognise deferred capital grant income

Grant consideration was received from capital projects for building infrastructure, IT and medical equipment.

Capital grant income is recognised progressively as the asset is constructed, since this is the time when Austin Health satisfies its obligations. The progressive percentage of costs incurred is used to recognise income because this

most closely reflects the progress to completion as costs are incurred as the works are done. As a result, Austin Health has deferred recognition of a portion of the grant consideration received as a liability for the outstanding obligations.

Austin Health expects to recognise all of the remaining deferred capital grant income for capital works by 2027.

Note 5.4: Contract liabilities

	2025 \$'000	2024 \$'000
Current		
Contract liabilities	5,130	1,789
Total contract liabilities	5,130	1,789

Note 5.4 (a): Movement in contract liabilities

	2025 \$'000	2024 \$'000
Opening balance of contract liabilities	1,789	40,179
Add: payments received for performance obligations yet to be completed during the period	3,545	1,789
Add: grant consideration for sufficiently specific performance obligations received during the year	1,276,921	1,222,589
Less: revenue recognised in the reporting period for the completion of a performance obligation	(204)	(1,480)
Less: grant revenue for sufficiently specific performance obligations work recognised consistent with the performance obligations met during the year	(1,276,921)	(1,261,288)
Total contract liabilities	5,130	1,789

How we recognise contractual liabilities

Contract liabilities include consideration received in advance from customers in respect of goods and services provided by Austin Health.

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

Maturity analysis of payables

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

Note 6: How we finance our operations

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

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

Structure
6.1 Borrowings
6.2 Cash and cash equivalents
6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Determining if a contract is or contains a lease	Austin Health applies material judgement to determine if a contract is or contains a lease by considering if the health service: • has the right-to-use an identified asset • has the right to obtain substantially all economic benefits from the use of the leased asset • can decide how and for what purpose the asset is used throughout the lease.
Determining if a lease meets the short-term or low-value asset lease exemption	Austin Health applies material judgement when determining if a lease meets the short-term or low-value lease exemption criteria. Austin Health estimates the fair value of leased assets when new. Where the estimated fair value is less than \$10,000, the health service applies the low-value lease exemption. Austin Health also estimates the lease term with reference to remaining lease term and period that the lease remains enforceable. Where the enforceable lease period is less than 12 months the health service applies the short-term lease exemption.
Discount rate applied to future lease payments	Austin Health discounts its lease payments using the interest rate implicit in the lease. If this rate cannot be readily determined, which is generally the case for the health service’s lease arrangements, Austin Health uses its incremental borrowing rate, which is the amount the health service would have to pay to borrow funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. For leased land and buildings, Austin Health estimates the incremental borrowing rate to be between 2% and 6%. For leased plant, equipment, furniture, fittings and vehicles, the implicit interest rate is between 1% to 6%.

Material judgements and estimates (continued)

Material judgements and estimates	Description
Assessing the lease term	The lease term represents the non-cancellable period of a lease, combined with periods covered by an option to extend or terminate the lease if Austin Health is reasonably certain to exercise such options. Austin Health determines the likelihood of exercising such options on a lease-by-lease basis through consideration of various factors including: • If there are significant penalties to terminate (or not extend), Austin Health is typically reasonably certain to extend (or not terminate) the lease • If any leasehold improvements are expected to have a significant remaining value, Austin Health is typically reasonably certain to extend (or not terminate) the lease • Austin Health considers historical lease durations and the costs and business disruption to replace such leased assets.

Note 6.1: Borrowings

	2025 \$'000	2024 \$'000
Current borrowings		
TCV loan ⁽ⁱ⁾	1,852	1,744
Lease liability ⁽ⁱⁱ⁾	3,880	3,863
Total current borrowings	5,732	5,607
Non-current borrowings		
TCV loan ⁽ⁱ⁾	21,843	23,696
Lease liability ⁽ⁱⁱ⁾	7,153	7,726
Total non-current borrowings	28,996	31,422
Total borrowings	34,728	37,029

⁽ⁱ⁾ These are secured loans with a weighted average interest rate of 6.70% (2023-24 6.70%) and 4.75% (2023-24 4.75%).

⁽ⁱⁱ⁾ Secured by the assets leased.

How we recognise borrowings

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

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

Maturity analysis

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

Note 6.1: Borrowings (continued)

Interest expense

	2025 \$'000	2024 \$'000
Interest on lease liabilities	405	434
Interest on loans from TCV	1,412	1,317
Total interest expense	1,817	1,752

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

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

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

Defaults and breaches

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

Note 6.1 (a): Lease liabilities

Austin Health's lease liabilities are summarised below:

	2025 \$'000	2024 \$'000
Current lease liabilities		
Lease liability	3,881	3,864
Total current lease liabilities	3,881	3,864
Non-current lease liabilities		
Lease liability	7,153	7,726
Total non-current lease liabilities	7,153	7,726
Total lease liabilities	11,034	11,590

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

	2025 \$'000	2024 \$'000
Not later than one year	4,254	4,185
Later than 1 year and not later than 5 years	5,676	7,054
Later than 5 years	2,008	1,081
Minimum future lease liability	11,938	12,320
Less unexpired finance expenses	(904)	(730)
Present value of lease liability	11,034	11,590

Note 6.1 (a): Lease liabilities (continued)

How do we recognise lease liabilities

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

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

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

Austin Health's lease arrangements consist of the following:

Type of asset leased	Lease Term
Leased land	10 to 99 years
Leased buildings	10 to 99 years
Leased plant, equipment and vehicles	4 to 10 years

All leases are recognised on the balance sheet, with the exception of low-value leases (less than \$10,000 AUD) and short-term leases of less than 12 months. Austin Health has elected to apply the practical expedients for short-term leases and leases of low-value assets.

As a result, no right-of-use asset or lease liability is recognised for these leases; rather, lease payments are recognised as an expense on a straight-line basis over the lease term, within "other operating expenses" (refer to Note 3.1).

The following low-value, short-term and variable lease payments are recognised in profit or loss:

Type of payment	Description of payment	Type of leases captured
Low-value lease payments	Leases where the underlying asset's fair value, when new, is no more than \$10,000	Photocopiers, IT equipment

Note 6.1 (a): Lease liabilities (continued)

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Initial measurement

The lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or Austin Health's incremental borrowing rate. Our lease liability has been discounted by rates between 1% to 6%.

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

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

Building leases may have options to extend the lease term.

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

- Building leases with extension/termination options between 2–5 years
- Pathology rooms with extension/termination options between 2–5 years

These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by Austin Health and not by the respective lessor.

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

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

Subsequent measurement

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

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

Note 6.1 (a): Lease liabilities (continued)

Leases with significantly below market terms and conditions

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

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

Description of leased asset	Our dependence on lease	Nature and terms of lease
Land – Waterdale Road, Heidelberg	The leased land is used for the purpose of delivering health services to the community. Austin Health's dependence on this lease is considered to be high due to the specialised nature and limited availability of substitutes.	Lease payments of \$12 per annum are required. Lease commenced in 2011 and has a lease term of 20 years which includes extension options of 2 further terms each of 10 years.
Land – Hawdon St, Heidelberg	The leased land is used for the purpose of delivering mental health services to the community. Austin Health's dependence on this lease is considered to be high due to the specialised nature and limited availability of substitutes.	Lease payments of \$104 per annum are payable on demand. Lease commenced in 2021 and has a lease term of 10 years.
Land – Law St, Heidelberg	The leased land is used for the purpose of delivering mental health services to the community. Austin Health's dependence on this lease is considered to be high due to the specialised nature and limited availability of substitutes.	Lease payments of \$104 per annum are payable on demand. Lease commenced in 2025 and has a lease term of 10 years.
Land – Grieve St, Macleod	The leased land is used for the purpose of delivering mental health services to the community. Austin Health's dependence on this lease is considered to be high due to the specialised nature and limited availability of substitutes.	Lease payments of \$104 per annum are payable on demand. Lease commenced in 2023 and has a lease term of 15 years.

Note 6.2: Cash and cash equivalents

	Note	2025 \$'000	2024 \$'000
Cash on hand		34	34
Cash at bank		454	294
Cash at bank - CBS		30,774	16,068
Deposits at call		121	134
Total cash held for operations		31,383	16,530
Cash at bank - CBS donations for specified purposes		15,934	21,284
Cash at bank - CBS committed and tied capital		131,967	95,298
Cash at bank - CBS restricted reserves		7,433	7,321
Cash at bank - salary packaging employee benefits		934	1,070
Total committed and tied cash reserves		156,268	124,973
Cash at bank - CBS monies held in trust		715	315
Total cash held as monies in trust		715	315
Total cash and cash equivalents	7.1(a)	188,366	141,818

Note 6.3: Commitments for expenditure

	Less than 1 year \$'000	1–5 years \$'000	Over 5 years \$'000	Total \$'000
30 June 2025				
Capital expenditure commitments	77,190	35,825	-	113,015
Operating expenditure commitments	15,872	45,535	18,012	79,419
Total non-cancellable and low-value lease commitments	5,970	3,742	-	9,712
Total commitments for expenditure (inclusive of GST)	99,032	85,102	18,012	202,146
Less GST recoverable from the Australian Tax Office	(9,003)	(7,737)	(1,637)	(18,377)
Total commitments for expenditure (exclusive of GST)	90,029	77,365	16,375	183,769
30 June 2024				
Capital expenditure commitments	72,956	23,634	-	96,590
Operating expenditure commitments	17,042	51,402	28,051	96,495
Total non-cancellable and low-value lease commitments	3,279	2,919	-	6,198
Total commitments for expenditure (inclusive of GST)	93,277	77,955	28,051	199,283
Less GST recoverable from the Australian Tax Office	(8,480)	(7,087)	(2,550)	(18,117)
Total commitments for expenditure (exclusive of GST)	84,797	70,868	25,501	181,166

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

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

Note 7: Risk, contingencies and valuation uncertainties

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

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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
Measuring fair value of non-financial assets	Fair value is measured with reference to highest and best use, that is, the use of the asset by a market participant that is physically possible, legally permissible, financially feasible, and which results in the highest value, or to sell it to another market participant that would use the same asset in its highest and best use. In determining the highest and best use, Austin Health has assumed the current use is its highest and best use. Accordingly, characteristics of the health service's assets are considered, including condition, location and any restrictions on the use and disposal of such assets. Austin Health uses a range of valuation techniques to estimate fair value, which include the following: • Market approach, which uses prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. The fair value of Austin Health's specialised land and non-specialised buildings are measured using this approach. Where assets are held to meet Community Service Obligations (CSOs), such as the delivery of public health services, adjustments may be made to reflect the reduced marketability or alternative use of these assets, in recognition of the operational restrictions and obligations attached to them. • Cost approach, which reflects the amount that would be required to replace the service capacity of the asset (referred to as current replacement cost). The fair value of Austin Health's specialised buildings, furniture, fittings, plant, equipment and vehicles are measured using this approach. • Income approach, which converts future cash flows or income and expenses to a single undiscounted amount. Austin Health does not this use approach to measure fair value. Austin Health selects a valuation technique which is considered most appropriate, and for which there is sufficient data available to measure fair value, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Material judgements and estimates	Description
Measuring fair value of non-financial assets (continued)	Subsequently, Austin Health applies material judgement to categorise and disclose such assets within a fair value hierarchy, which includes: • Level 1, using quoted prices (unadjusted) in active markets for identical assets that the health service can access at measurement date. Austin Health does not categorise any fair values within this level. • Level 2, inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Austin Health categorises non-specialised land and right-of-use concessionary land in this level. • Level 3, where inputs are unobservable. Austin Health categorises specialised land, non-specialised buildings, specialised buildings, plant, equipment, furniture, fittings, vehicles, right-of-use buildings and right-of-use plant, equipment, furniture and fittings in this level.

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 Austin Health's activities, certain financial assets and financial liabilities arise under statute rather than a

contract (for example, taxes, fines and penalties). Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Note 7.1 (a): Categorisation of financial instruments

	Note	Financial Assets at Amortised Cost \$'000	Financial Liabilities at Amortised Cost \$'000	Total \$'000
30 June 2025				
Financial assets				
Cash and cash equivalents	6.2	188,366	-	188,366
Receivables	5.1	123,550	-	123,550
Total financial assetsⁱ		311,916	-	311,916
Financial liabilities				
Payables	5.3	-	150,181	150,181
Other liabilities		-	715	715
Borrowings	6.1	-	34,728	34,728
Total financial liabilitiesⁱ		-	185,624	185,624
30 June 2024				
Financial assets				
Cash and cash equivalents	6.2	141,818	-	141,818
Receivables	5.1	113,891	-	113,891
Total financial assetsⁱ		255,709	-	255,709
Financial liabilities				
Payables	5.3	-	98,464	98,464
Other liabilities		-	315	315
Borrowings	6.1	-	37,029	37,029
Total financial liabilitiesⁱ		-	135,808	135,808

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

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

How we categorise financial instruments

Categories of financial assets

Financial assets are recognised when Austin Health becomes party to the contractual provisions to the instrument. For financial assets, this is at the date Austin Health commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

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

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

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

Financial assets at amortised cost

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

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

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

Austin Health recognises the following assets in this category:

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

Categories of financial liabilities

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

Financial liabilities at amortised cost

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

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in the 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 new carrying amount at initial recognition.

Austin Health recognises the following liabilities in this category:

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

Note 7.2: Financial risk management objectives and policies

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

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

Austin Health's main financial risks include credit risk and liquidity risk. Austin Health manages these financial risks in accordance with its Risk Management Policy and Treasury and Investment Management Policy.

Austin Health uses different methods to measure and manage the different risks to which it is exposed. Primary responsibility for the identification and management of financial risks rests with the Accountable Officer.

Note 7.2 (a): Credit Risk

Credit risk refers to the possibility that a borrower will default on its financial obligations as and when they fall due. Austin Health's exposure to credit risk arises from the potential default of a counterparty on their contractual obligations resulting in financial loss to Austin Health. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with Austin Health's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, the health service is exposed to credit risk.

In addition, Austin Health does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash and deposits, which are mainly cash at bank. As with the policy for debtors, Austin Health's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that Austin Health will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debtors that are more than 60 days overdue, and changes in debtor credit ratings.

Contract financial assets are written off against the carrying amount when there is no reasonable expectation of recovery. Bad debt written off by mutual consent is classified as a transaction expense.

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

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

Impairment of financial assets under AASB 9

Austin Health records the allowance for expected credit loss for the relevant financial instruments applying AASB 9's expected credit loss approach. Subject to AASB 9, the impairment assessment includes Austin Health's contractual receivables, statutory receivables and its investment in debt instruments.

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

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Contractual receivables at amortised cost

Austin Health applies AASB 9's simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. Austin Health has grouped contractual receivables on shared credit risk characteristics and days past due and select the expected credit loss rate based on Austin Health's past history, existing market conditions, as well as forward-looking estimates at the end of the financial year.

Note 7.2 (a): Credit Risk (continued)

On this basis, Austin Health determines the closing loss allowance at the end of the financial year as follows:

	Current	30 Days	60 Days	90 Days	120 Days	150 Days	180+ Days	Total
30 June 2025								
Diagnostic								
Expected loss rate	1.1%	1.9%	9.6%	10.1%	15.1%	17.5%	18.5%	
Gross carrying amount of contractual receivables	1,591	1,225	295	563	264	199	899	
Loss allowance	18	23	28	57	40	35	166	367
Inpatients								
Expected loss rate	1.0%	1.0%	2.0%	7.9%	5.0%	9.0%	10.0%	
Gross carrying amount of contractual receivables	850	342	197	117	83	64	391	
Loss allowance	8	3	4	9	4	6	39	73
Sundry								
Expected loss rate	0.05%	0.1%	1.9%	2.9%	3.9%	4.2%	7.3%	
Gross carrying amount of contractual receivables	8,344	2,829	957	1,114	269	139	222	
Loss allowance	4	3	18	33	11	6	16	91
Total loss allowance	30	30	50	99	55	46	221	531
30 June 2024								
Diagnostic								
Expected loss rate	0.3%	1.6%	2.2%	2.6%	3.9%	5.6%	11.5%	
Gross carrying amount of contractual receivables	2,587	860	787	822	981	824	4,108	
Loss allowance	8	14	18	21	38	46	474	619
Inpatients								
Expected loss rate	1.8%	3.8%	6.7%	9.8%	13.7%	15.3%	18.6%	
Gross carrying amount of contractual receivables	1,724	643	316	259	130	86	917	
Loss allowance	30	25	21	25	18	13	171	303
Sundry								
Expected loss rate	0.1%	0.2%	2.0%	3.3%	2.0%	6.0%	6.2%	
Gross carrying amount of contractual receivables	4,719	1,875	526	541	132	98	69	
Loss allowance	4	3	10	18	3	6	4	48
Total loss allowance	42	42	49	65	58	65	649	970

Statutory receivables at amortised cost

Austin Health's non-contractual receivables arising from statutory requirements are not financial instruments. However, they are nevertheless recognised and measured in accordance with AASB 9 requirements as if those receivables are financial instruments.

Statutory receivables are considered to have low credit risk, considering the counterparty's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, no loss allowance has been recognised.

Note 7.2 (b): Liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due.

Austin Health is exposed to liquidity risk mainly through the financial liabilities as disclosed in the face of the balance sheet and the amounts related to financial guarantees.

Austin Health manages its liquidity risk by:

- support provided from the Department of Health (refer Note 1.5)
- close monitoring of its short-term and long-term borrowings by senior management, including monthly reviews on current and future borrowing levels and requirements

- maintaining an adequate level of uncommitted funds that can be drawn at short notice to meet its short-term obligations, and
- careful maturity planning of its financial obligations based on forecasts of future cash flows.

Austin Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk in that Austin Health provides essential services to the Victorian health system and it is highly likely that the State of Victoria will continue providing ongoing financial support to the entity.

The following table discloses the contractual maturity analysis for Austin Health's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Note	Carrying Amount \$'000	Less than 1 Month \$'000	1–3 Months \$'000	3 Months to 1 Year \$'000	1–5 Years \$'000	Over 5 Years \$'000
30 June 2025						
Financial liabilities at amortised cost						
Payables 5.3	186,632	186,588	44	-	-	-
Borrowings 6.1	34,728	626	1,430	3,687	15,771	13,214
Other financial liabilities ⁱ						
- Monies held in trust	715	680	35	-	-	-
Total financial liabilities	222,075	187,894	1,509	3,687	15,771	13,214
30 June 2024						
Financial liabilities at amortised cost						
Payables 5.3	123,501	123,455	46	-	-	-
Borrowings 6.1	37,030	631	1,478	3,091	15,178	16,652
Other financial liabilities ⁱ						
- Monies held in trust	315	280	35	-	-	-
Total financial liabilities	160,846	124,366	1,559	3,091	15,178	16,652

ⁱ Ageing analysis of financial liabilities excludes statutory financial liabilities (i.e. GST payable).

Note 7.3: Contingent assets and contingent liabilities

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

Note 7.4: Fair value determination

How we measure fair value

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

The following assets and liabilities are carried at fair value:

- Financial assets and liabilities at fair value through net result
- Financial assets and liabilities at fair value through other comprehensive income
- Property, plant and equipment, and
- Right-of-use assets.

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

Valuation hierarchy

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

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

Austin 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 no transfers between levels during the period.

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

Identifying unobservable inputs (level 3) fair value measurements

Level 3 fair value inputs are unobservable valuation inputs for an asset or liability. These inputs require significant judgement and assumptions in deriving fair value for both financial and non-financial assets.

Unobservable inputs are used to measure fair value to the extent that relevant observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. However, the fair value measurement objective remains the same, i.e., an exit price at the measurement date from the perspective of a market participant that holds the asset or owes the liability. Therefore, unobservable inputs shall reflect the assumptions that market participants would use when pricing the asset or liability, including assumptions about risk.

Note 7.4 (a): Fair value determination of non-financial physical assets

	Fair value measurement at end of reporting period using:			
	Total \$'000	Level 1 ⁱ \$'000	Level 2 ⁱ \$'000	Level 3 ⁱ \$'000
Balance at 30 June 2025				
Specialised land	166,167	-	-	166,167
Total land at fair value	166,167	-	-	166,167
Specialised buildings	1,308,645	-	-	1,308,645
Total buildings at fair value	1,308,645	-	-	1,308,645
Plant, equipment and vehicles at fair value	32,094	-	-	32,094
Total plant, equipment and vehicles	32,094	-	-	32,094
Total non-financial physical assets at fair value	1,506,906	-	-	1,506,906
Balance at 30 June 2024				
Specialised land	166,167	-	-	166,167
Total land at fair value	166,167	-	-	166,167
Specialised buildings	1,408,513	-	-	1,408,513
Total buildings at fair value	1,408,513	-	-	1,408,513
Plant, equipment and vehicles at fair value	19,513	-	-	19,513
Total plant, equipment and vehicles	19,513	-	-	19,513
Total non-financial physical assets at fair value	1,594,192	-	-	1,594,192

ⁱ Classified in accordance with the fair value hierarchy.

How we measure fair value of non-financial physical assets

The fair value of non-financial physical assets reflects their highest and best use, considering whether market participants would use the asset similarly or sell it for that purpose. This assessment takes into account the asset's characteristics and any physical, legal, or contractual restrictions.

Austin Health assumes the current use reflects highest and best use unless market or other factors indicate otherwise. Potential alternative uses are only considered when it is virtually certain that restrictions will no longer apply.

Fair value is based on periodic valuations by independent valuers, which normally occur once every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate a material change in fair value has occurred.

Where an independent valuation has not been undertaken at balance date, Austin Health perform a fair value assessment to estimate possible changes in value since the date of the last independent valuation with reference to Valuer-General of Victoria (VGV) indices.

An adjustment is recognised if the assessment concludes that the fair value of non-financial physical assets has changed by 10% or more since the last revaluation (whether that be the most recent independent valuation or fair value assessment). Any estimated change in fair value of less than 10% is deemed immaterial to the financial statements and no adjustment is recorded. Where the assessment indicates there has been an exceptionally material movement in the fair value since the last independent valuation, being equal to or in excess of 40%, Austin Health would obtain an interim independent valuation prior to the next scheduled independent valuation.

Note 7.4 (a): Fair value determination of non-financial physical assets (continued)

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 by adding Appendix F Australian implementation guidance for not-for-profit public sector entities. Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable annual reporting periods beginning on or after 1 January 2024. FRD 103 permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

An independent valuation of Austin Health's non-financial physical assets was performed by the VGV on 30 June 2024. Fair value assessments have therefore been performed for all classes of assets in this purpose group at 30 June 2025 and the decision was made that the movements were not material (less than or equal to 10%). As such, an independent revaluation was not required per FRD 103. In accordance with FRD 103, the Austin Health will apply Appendix F of AASB 13 prospectively in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier). Austin Health does not expect the impact to be material to the financial statements.

There were no changes in valuation techniques throughout the period to 30 June 2025.

Non-specialised land and non-specialised buildings

Non-specialised land and non-specialised buildings are valued using the market approach. Under this valuation method, the assets are compared to recent comparable sales or sales of comparable assets which are considered to have nominal or no added improvement value.

For non-specialised land and non-specialised buildings, an independent valuation was performed by the Valuer-General Victoria to determine the fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. An appropriate rate per square metre has been applied to the subject asset. The effective date of valuation of land and buildings is 30 June 2024.

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. Theoretical opportunities that may be available in relation to the assets are not taken into account until it is virtually certain that any restrictions will no longer apply. Therefore, unless otherwise disclosed, the current use of these non-financial physical assets will be their highest and best use.

During the reporting period, Austin 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. Specialised assets contain significant, unobservable adjustments; therefore, these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment reflects the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and considers the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Austin Health, the current replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of Austin Health's specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of valuation of land and buildings is 30 June 2024.

Vehicles

Austin 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 Austin Health who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying amount (depreciated cost).

Furniture, fittings, plant and equipment

Furniture, fittings, plant and equipment (including medical equipment, computers and communication equipment) are held at carrying amount (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the current replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that current replacement cost will be materially different from the existing carrying amount.

There were no changes in valuation techniques throughout the period to 30 June 2025.

Note 7.4 (a): Fair value determination of non-financial physical assets (continued)

Reconciliation of level 3 Fair Value measurement

Note	Land \$'000	Buildings \$'000	Plant, equipment and vehicles \$'000	Total \$'000
Balance at 1 July 2023	165,900	905,902	22,968	1,094,770
Additions	-	2,141	11,262	13,403
Disposals	-	-	(10)	(9)
Gains/(losses) recognised in net result				
- Depreciation and amortisation	4.2	(74,099)	(14,707)	(88,807)
Items recognised in other comprehensive income:				
- Revaluation	4.1(a)	574,568	-	574,835
Balance at 30 June 2024	166,167	1,408,513	19,513	1,594,192
Additions	-	-	-	-
Disposals	-	-	(132)	(132)
Net Transfers between classes	-	41	53,598	53,639
Gains/(losses) recognised in net result				
- Depreciation and amortisation	4.2	(99,909)	(40,885)	(140,793)
Balance at 30 June 2025	166,167	1,308,645	32,094	1,506,906

Classified in accordance with the fair value hierarchy, refer Note 7.4.

Fair value determination of level 3 fair value measurement

Asset class	Valuation Technique	Significant inputs (Level 3 only)
Specialised land (Crown/freehold)	Market approach	Community Service Obligations Adjustments ⁱ
Specialised buildings	Current replacement cost approach	- Cost per square metre - Useful life
Plant and equipment	Current replacement cost approach	- Cost per unit - Useful life
Vehicles	Current replacement cost approach	- Cost per unit - Useful life

ⁱ A community Service Obligation (CSO) was applied to specialised land classified in accordance with the fair value hierarchy. A CSO of 10% to 20% was applied in 2024 with the exception of the Austin Site which, which had a 50% CSO discount applied due to a Queen's caveat.

Note 8: Other disclosures

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

Structure

- 8.1 Reconciliation of net result to net cash flow from operating activities
- 8.2 Responsible persons disclosure
- 8.3 Remuneration of executives
- 8.4 Related parties
- 8.5 Remuneration of auditors
- 8.6 Ex-gratia expenses
- 8.7 Events occurring after the balance sheet date
- 8.8 Equity

Note 8.1: Reconciliation of net result for the year to net cash flows from operating activities

	Note	2025 \$'000	2024 \$'000
Net result for the year		(146,144)	(71,915)
Non-cash movements:			
Depreciation and amortisation	4.2	151,498	100,120
Allowance for impairment losses on contractual receivables		(439)	(28)
Net (gain)/loss on revaluation of long service leave		4,497	3,608
Resources - assets received free of charge		-	(607)
(Gain)/loss on non-financial assets		132	5
(Gain)/loss on disposal of share in joint arrangements		-	736
Movements in Assets and Liabilities:			
(Increase)/decrease in receivables	5.1	(9,256)	3,555
(Increase)/decrease in prepayments		(5,674)	(4,686)
(Increase)/decrease in inventories		(70)	1,242
Increase/(decrease) in payables	5.3	63,131	(34,089)
Increase/(decrease) in employee benefits	3.1 (b)	16,683	29,613
Increase/(decrease) in other liabilities		400	(89)
Net cash flows from/(used in) operating activities		74,758	27,464

Note 8.2: Responsible persons disclosure

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

	Period
Responsible Ministers	
The Honourable Mary-Anne Thomas MP:	
Minister for Health	01 Jul 2024–30 Jun 2025
Minister for Ambulance Services	01 Jul 2024–30 Jun 2025
Minister for Health Infrastructure	01 Jul 2024–19 Dec 2024
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	19 Dec 2024–30 Jun 2025
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	01 Jul 2024–30 Jun 2025
Minster for Ageing	01 Jul 2024–30 Jun 2025
The Honourable Lizzy Blandthorn MP:	
Minister for Children	01 Jul 2024–30 Jun 2025
Minister for Disability	01 Jul 2024–30 Jun 2025
The Austin Health Board	
Mr Ross Cooke OAM (Chair)	01 Jul 2024–30 Jun 2025
Dr Christine Bessell	01 Jul 2024–30 Jun 2025
Mr Tim Barta	01 Jul 2024–30 Jun 2025
Mr Joel Chibert	01 Jul 2024–30 Jun 2025
Dr Bruce Cohen	01 Jul 2024–30 Jun 2025
Dr Lee Hamley	01 Jul 2024–30 Jun 2025
Ms Denise Heinjus OAM	01 Jul 2024–30 Jun 2025
Ms Robyn McLeod AM	01 Jul 2024–30 Jun 2025
Ms Fiona Slaven	01 Jul 2024–30 Jun 2025
Accountable Officers	
Mr Adam Horsburgh (Chief Executive Officer)	01 Jul 2024–31 July 2024
Mr Cameron Goodyear (Interim Chief Executive Officer)	01 Aug 2024–23 Mar 2025
Ms Jodie Geissler (Chief Executive Officer)	24 Mar 2025–30 Jun 2025

Remuneration of responsible persons

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

Income band	2025	2024
\$0–\$9,999	1	-
\$30,000–\$39,999	2	2
\$40,000–\$49,999	5	6
\$50,000–\$59,999	1	-
\$80,000–\$89,999	1	1
\$90,000–\$99,999	-	-
\$110,000–\$119,999	1	-
\$290,000–\$299,999	1	-
\$580,000–\$589,999	-	1
Total Numbers	12	10

	2025 \$'000	2024 \$'000
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	860	1,045

Amounts relating to the Governing Board Members and Accountable Officer are disclosed in Austin 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 Accountable Officers, and their total remuneration during the reporting period are shown in the table below. Total annualised employee equivalent provides a measure of full time equivalent executive officers over the reporting period.

Remuneration of Executive Officers (including Key Management Personnel Disclosed in Note 8.4)

	Total Remuneration	
	2025 \$'000	2024 \$'000
Short-term benefits	2,884	2,860
Post-employment benefits	302	264
Other long-term benefits	65	73
Total remunerationⁱ	3,251	3,197
Total number of executives	12	11
Total annualised employee equivalent ⁱⁱ	9	8

ⁱ The total number of executive officers includes persons who meet the definition of Key Management Personnel (KMP) of Austin 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.

Remuneration comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered, and is disclosed in the following categories:

Short-term employee benefits

Salaries and wages, annual leave or sick leave that are usually paid or payable on a regular basis, as well as non-monetary benefits such as allowances and free or subsidised goods or services.

Post-employment benefits

Pensions and other retirement benefits (such as superannuation guarantee contributions) paid or payable on a discrete basis when employment has ceased.

Other Long-term benefits

Long service leave, other long-service benefit or deferred compensation.

Other factors

Several factors affected total remuneration payable to executives over the year. A number of employment contracts were completed and renegotiated, as well as executive officer resignations and secondment resulting in several acting roles in the past year.

Note 8.4: Related parties

Austin Health is a wholly owned and controlled entity of the State of Victoria. Related parties of the Austin 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
- all hospitals and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

Key Management Personnel (KMPs) are those people with the authority and responsibility for planning, directing and controlling the activities of Austin Health, directly or indirectly.

Austin Health key management personnel

The Board of Directors, Chief Executive Officer and the Executive Directors of Austin Health and its controlled entities are deemed to be KMPs. This includes the following:

The Austin Health Board

Mr Ross Cooke OAM

Board Chair

Dr Christine Bessell

Board Member

Mr Tim Barta

Board Member

Mr Joel Chibert

Board Member

Dr Bruce Cohen

Board Member

Dr Lee Hamley

Board Member

Ms Denise Heinjus OAM

Board Member

Ms Robyn McLeod AM

Board Member

Ms Fiona Slaven

Board Member

Executive

Mr Adam Horsburgh

Chief Executive Officer (Jul)

Ms Jodie Geissler

Chief Executive Officer (Mar to Jun)

Mr Cameron Goodyear

Interim Chief Executive Officer (Aug to Mar)

Chief Operating Officer (Jul, Mar to Jun)

Ms Robynne Cooke

Chief Operating Officer (Aug to Mar)

Deputy Chief Operating Officer (Mar to Jun)

Mr Kemsley Fairhurst

Chief Financial Officer (Jul to Oct)

Ms Lisa Poon

Interim Chief Financial Officer (Oct to Jun)

Prof Mary O'Reilly

Chief Medical Officer

Mr Troy McInnes

Interim Chief People and Culture Officer (Jun to Dec)

Mr Stephen Baker

Interim Chief People and Culture Officer (Dec to Jun)

Ms Elise Tuffy

Chief People and Culture Officer (Jun)

Mr Ray Van Kuyk

Chief Information & Services Officer

Ms Bernadette Twomey

Chief Nursing Officer (Jul to Mar)

Ms Nonie Rickard

Interim Chief Nursing Officer (Mar to Jun)

Ms Brit Gordon

Chief Allied Health Officer

Ms Belinda Brookes

Interim Chief Strategy and Sustainability Officer

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.

Note 8.4: Related parties (continued)

Compensation - KMPs

	2025 \$'000	2024 \$'000
Short-term Employee Benefits ⁱ	3,661	3,814
Post-employment Benefits	372	338
Other Long-term Benefits	78	91
Total ⁱⁱ	4,111	4,243

ⁱ Total remuneration paid to KMPs employed as a contractor during the reporting period through accounts payable has been reported under short-term employee benefits.

ⁱⁱ KMPs are also reported in Note 8.2 Responsible persons or Note 8.3 Remuneration of executives.

Significant transactions with government related entities

Austin Health received funding from the Department of Health of \$1.2b (2024: \$1.2b), indirect contributions of \$10.1m (2024:\$16.5m) and has a net long service leave receivable balance of \$90.1m (2024: \$84.7m).

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

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

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

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 occur 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 HealthShare Victoria and Victorian Government Procurement Board requirements.

Outside of normal citizen type transactions with Austin Health, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties. There were no related party transactions with Cabinet Ministers required to be disclosed in 2025 (2024: none).

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

Any payments made to key management personnel as remuneration have been declared in Notes 8.3 and 8.4.

Note 8.5: Remuneration of auditors

	2025 \$'000	2024 \$'000
Victorian Auditor-General's Office		
Audit of the Financial Statements	148	142
Total remuneration of auditors	148	142

Note 8.6. Ex-gratia expenses

There were no ex-gratia payments made for the forgiveness or waiver of debt, compensation for economic loss made by Austin Health greater than or equal to \$5,000.

Note 8.7: Events occurring after the balance sheet date

There are no events occurring after the balance sheet date.

Note 8.8: Equity

Contributed capital

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

Transfers of net assets arising from administrative restructurings are treated as distributions to or contributions by owners. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Other transfers that are in the nature of contributions or distributions or that have been designated as contributed capital are also treated as contributed capital.

General purpose reserves

The general purpose reserve is established where Austin Health has generated funds internally for a specific purpose.

Property, plant and equipment revaluation surplus

The property, plant and equipment revaluation surplus arises on the revaluation of infrastructure, land and buildings. The revaluation surplus is not normally transferred to the accumulated surpluses/(deficits) on derecognition of the relevant asset.

Financial assets at fair value through comprehensive income revaluation reserve

The financial assets at fair value through other comprehensive income revaluation reserve arises on the revaluation of financial assets (such as equity instruments) measured at fair value through other comprehensive income. Where such a financial asset is sold, that portion of the reserve which relates to that financial asset may be transferred to accumulated surplus/deficit.

Restricted specific purpose reserves

The specific restricted purpose reserve is established where Austin Health has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.



Austin Health

Austin Hospital

Wurundjeri Country
145 Studley Road
Heidelberg Victoria 3084
P: 03 9496 5000
F: 03 9458 4779

Olivia Newton-John Cancer Wellness & Research Centre

Wurundjeri Country
145 Studley Road
Heidelberg Victoria 3084
P: 03 9496 5000
F: 03 9458 4779

Heidelberg Repatriation Hospital

Wurundjeri Country
300 Waterdale Road
Ivanhoe Victoria 3079
P: 03 9496 5000
F: 03 9496 2541

Royal Talbot Rehabilitation Centre

Wurundjeri Country
1 Yarra Boulevard
Kew Victoria 3101
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F: 03 9490 7501

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