Austin HEALTH



Annual Report
2025-26

Helping people live healthy, productive and fulfilled lives.



Acknowledgement of Traditional Owners

Austin Health acknowledges the Wurundjeri People of the Kulin Nation as the Traditional Custodians of the land on which we work. We pay respect to Elders past and present and recognise that this land was, is, and always will be Aboriginal land – sovereignty was never ceded. We acknowledge the commencement of Treaty processes in Victoria and commit to walking alongside Aboriginal and/or Torres Strait Islander communities in this continued path of justice, healing and self determination.

About this Report

This report outlines the operational and financial performance for the period 1 July 2025 to 30 June 2026. There were five relevant ministers for the reporting period:

- The Hon. Mary-Anne Thomas MP, Minister for Health and Minister for Ambulance Services (1 July 2025–15 April 2026)
- The Hon. Harriet Shing MP, Minister for Health and Minister for Ambulance Services (15 April 2026–30 June 2026)
- The Hon. Melissa Horne MP, Minister for Health Infrastructure (1 July 2025–30 June 2026)
- The Hon. Ingrid Stitt MP, Minister for Mental Health and Minister for Ageing (1 July 2025–30 June 2026)
- The Hon. Lizzie Blandthorn MP, Minister for Disability and Minister for Children (1 July 2025–30 June 2026)

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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Contents

3 Contents

4 From the Board Chair and the CEO

8 About Austin Health

12 Our care at a glance

15 Strategic Plan

16 ACTER

18 Virtual care and Victorian Virtual Hospital

20 Aboriginal health

22 Research

24 ONJ Cancer & Wellness Centre

26 Year in review

40 Supporting and celebrating our staff

48 Thanking our community

50 Thank you to our generous major donors and supporters

53 Austin Health Board Directors

60 Corporate information

76 2025-26 Statement of Priorities

89 Financial summary

90 Disclosure index

93 Financials

From the Board Chair and the CEO

Looking back over the past year, the staff of Austin Health can take great pride in all they have achieved. While the demands on healthcare continue to grow, so too has the determination of our staff to find new ways to improve outcomes for our patients and community. Across 2025-26 we have delivered care to more patients across the communities we serve, while keeping a focus on innovation and sustainability.

Our people

All that we have achieved over the year has been possible because of the dedication of our people. Our more than 11,500 staff bring expertise, compassion and commitment to the care they provide every day.

Education, training and professional development across the organisation remains a high priority, ensuring our people have the skills and support they need to deliver exceptional care today while preparing for the future. This includes the progression of training and development opportunities provided by our education units, clinical departments, and craft groups, as well as initiatives such as the Austin Health Nursing Professional Practice Framework.

A particular focus this year has also been on supporting our leaders. We have delivered our nationally accredited Specialist Certificate in Clinical Leadership co-designed with University of Melbourne for our senior medical staff, rolled out our new Emerging Leadership Program, and continued our successful Frontline Leadership Program.

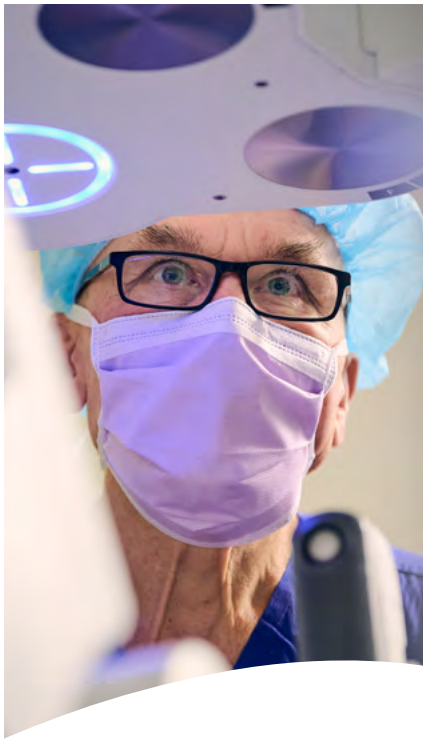
We have also continued to create opportunities for professional growth and collaboration beyond our organisation, including partnerships with rural health services that enable staff to broaden their experience while supporting regional healthcare delivery.

Just as importantly, we remain committed to ensuring Austin Health is a place where every person feels safe, respected and valued. During the year we reaffirmed this commitment through our Anti-Racism Statement and the launch of our Aboriginal Employment Plan.

We know that creating a safe workplace requires ongoing focus and effort. Through programs such as SafeWards and introducing a new targeted staff training initiative, we are actively working to prevent occupational violence and aggression, and we are strengthening the environment in which our people work and thrive.







A future focused health service

Like other health services across Australia, we continue to face increasing patient demand and growing complexity. Responding to these challenges requires us to think differently about how healthcare is delivered while ensuring we continue to provide safe, high-quality care for every patient who comes through our doors.

Throughout the year we have continued to invest in new ways of delivering care. The Virtual Hospital, developed in partnership with The Royal Melbourne Hospital, is an important example of this. Following a successful pilot the program has now been extended, allowing more Victorians to receive hospital-level care in their own homes.

The Virtual Hospital is supported by major digital infrastructure created and hosted by Austin Health, VicKey, which supports 20 health services across the state to allow patients to share their health information safely via a secure online platform.

We have also continued to strengthen the areas that distinguish Austin Health and drive excellence, including for future generations. This year marked important progress for the Australian Centre for Transplantation Excellence and Research (ACTER), bringing together clinical care, education and research to strengthen Australia's organ retrieval and transplantation system.

Patient-centred research

Research continues to play an important role across our health service, with our clinicians and researchers working together to turn new discoveries into better care for patients. During the year, Austin Health researchers led studies that will help shape clinical practice in Australia and internationally. Just one example of this is the study led by Austin Health that confirmed most patients labelled as allergic to penicillin are often not allergic. This study, and the development of a purpose-built digital assessment tool, has the power to transform antibiotic use and patient care globally.



Patient and community focused care

During the year, we provided care for more than 130,000 patients, performed 29,320 surgeries, conducted 325,137 specialist clinic appointments and completed 245 transplant procedures.

Our emergency department cared for more than 88,370 patients. Progress on the redevelopment of our Emergency Department also continued, an important investment that will help meet growing demand and support the delivery of high-quality care for years to come.

Improving equity in healthcare remains a significant priority. During the year we appointed the inaugural Director, First Nations Health, an important step in strengthening culturally safe care for Aboriginal and Torres Strait Islander patients and communities. We have also continued to improve accessibility, strengthen partnerships with consumers and ensure the voices of patients help shape the services we provide.

This year we continued to strengthen the Olivia Newton-John Cancer & Wellness Centre, enhancing the delivery of evidence-based wellness and supportive care alongside world-class cancer treatment. Supporting the whole person remains central to the care we provide, and we remain committed to ensuring these services continue to benefit patients and families into the future.

During the year we continued the expansion of mental health services we provide to the community. We have opened the new Heidelberg Youth Prevention and Recovery Care, a co-designed space providing around-the-clock treatment, care and support to young people aged 16 to 25 who are experiencing mental health challenges. We also launched the Older Adult Community Service, a new specialist multidisciplinary team supporting older adults at risk of, or living with, mental illness.

Partnerships and collaboration

We acknowledge the contribution of our research partners, universities, and philanthropic supporters. Strong partnerships allow us to extend our impact well beyond our campuses and ensure we continue to respond to the changing needs of the communities we serve.

Our commitment to partnership is evident through our strengthened approach to research within our precinct, involving universities, research institutes, and Mercy Health. We have also partnered across the year with Primary Health Networks, endeavouring to find new ways of working to improve care in the community.

This has been a foundational year for the North Metro and Mitchell Local Health Service Network, with Austin Health working with its network partners – Northern Health, Mercy Health and Seymour Health – to develop the Network Strategy, Clinical Services Plan and Network Workforce Plan. These important pieces of work will ensure our services can work collaboratively for the care of people within our region.

Sustainable healthcare

This year, we balanced the delivery of exceptional care with strong governance, achieving a modest surplus of $0.2 million in a challenging environment. We are grateful for the efforts of our staff in achieving this result.

A focus on sustainable healthcare has also resulted in the delivery of our first Environmental, Social and Governance Strategy, under which we are embedding climate resilience and sustainability into our core business, and designing low-impact, high-value care models, in addition to deepening our commitment to equity, inclusion and cultural safety.

Our gratitude

To our 11,603 employees we extend our deepest thanks, for their exceptional care and commitment to discovery and learning. This extends beyond our dedicated, passionate and skilled Allied Health, Nursing and Medical professionals, with support services including security, food services, cleaning, patient services assistants, ward clerks and administrative staff all contributing to the care we provide to our community.

What makes our organisation special, however, is not only the expertise of our workforce but the way our people care for one another. We have seen teams come together during times of pressure, and through change. These actions, often unseen and unmeasured, are among the most important contributions to our success.

We thank our volunteers whose contribution across many areas strengthens our health service for our patients, our people and our community every day. Our consumer partners play an increasingly important role in our health service and we wish to thank all our consumer representatives, including the members of our Community Advisory Committee, and those involved in other formal and informal groups within the organisation. We are also grateful to our donors and sponsors whose generosity has a meaningful and tangible impact upon the delivery of care.

We thank the Department of Health Victoria, and metropolitan, regional and rural health services for the collaborative efforts on statewide programs, and engagement on shared priorities across the year.

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 2026.



Ross Cooke OAM, Board Chair



Jodie Geissler PSM, CEO

About Austin Health

The right care in the right places

Austin Health provides a range of health services throughout the communities we serve, helping patients receive the right care in the right places. This includes care at home such as through the Victorian Virtual Hospital, our innovative Hospital in the Home services, and our Better@Home program. In the community, Austin Health provides a range of Health Independence Programs, a robust and effective mental health service, access to rehabilitation specialists, and partnerships with regional health services to give these communities access to some of Austin Health's tertiary services.

An array of specialist care services

Austin Health is one of the major providers of tertiary health services in Victoria, delivering 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, mental health, 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
- Victorian and Tasmanian Organ Retrieval Service
- Victorian Virtual Hospital.

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 550 beds. It is home to a substantial Emergency Department with a dedicated children's area, short stay beds for adults, children and mental health clients, an intensive care unit and a precinct for the care of patients with mental health disorders.

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

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.



Heidelberg Repatriation Hospital

The Heidelberg Repatriation Hospital has evolved from a returned services hospital to a thriving care centre for a growing community. Austin Health continues to provide care for Veterans and War Widows and is very conscious of the history and heritage of the hospital that opened in 1941 during World War II. 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.





Royal Talbot Rehabilitation Centre

Royal Talbot Rehabilitation Centre is dedicated to providing the best rehabilitation services in Australia, complemented by creative therapies including art, music and horticultural therapy. The centre provides a range of services including:

- **rehabilitation** – leading specialist, multi-disciplinary rehabilitation services for patients following amputation, stroke, spinal injury, surgery and other illnesses and injuries. The centre is home to a hydrotherapy pool, gymnasiums and dedicated rehabilitation equipment and tools and houses the statewide Victorian Spinal Cord Service
- **mental health services** – these incorporate a Brain Disorders Program, including a Community Brain Disorders Assessment and Treatment Service, a specialist ward and a behaviour consultancy service for people with acquired brain injuries.
- **creative therapies** – art, music and garden therapy further aid recovery and treatment.
- **orthotics and prosthetics design and fabrication** – working with medical, nursing and allied health teams to prescribe, design and fit the most appropriate orthotic or prosthetic device for each patient.

Partnerships

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

North Metro & Mitchell Local Health Service Network

The North Metro & Mitchell Local Health Service Network was formally established in July 2025, with Austin Health joining Mercy Health (Mercy Hospital for Women), Northern Health and Seymour Health to form this network.

The purpose of the local health service networks is to create a more connected system of care for our communities by harnessing our collective strengths, aligning resources and increasing capacity and capability where appropriate to best meet the needs of patients now and into the future.

During 2025-26 Austin Health has worked collaboratively with network partners on foundational work that sets the Network up for success in the coming years including a Network Strategy, Clinical Service Plan and Network Workforce Plan.

BAROC

The Ballarat Austin Radiation Oncology Centre (BAROC) is a partnership between Austin Health and Grampians Health 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.

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



11,603
Dedicated staff



88,378
Emergency Department presentations



129,297
Inpatients



29,002
Telehealth appointments

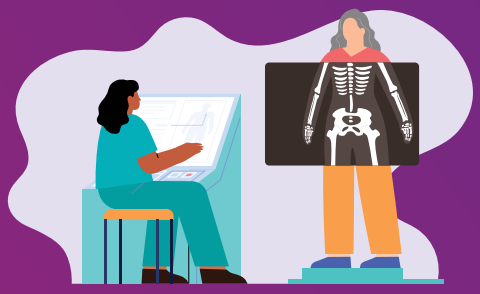


6,380
Hospital in the Home visits



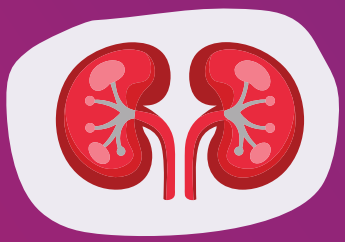
29,320
Surgeries performed

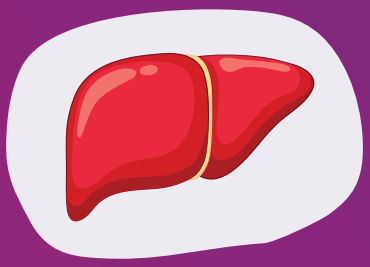




692
Virtual Care patients (including Virtual Hospital)

325,137
Specialist Clinic appointments attended





70
Kidney transplants

86
Liver transplants



10,552
Chemotherapy sessions


Austin
KIMELLE
REGISTERED NURSE

Strategic Plan

Throughout 2025-26 Austin Health has continued to be guided by our Strategic Plan 2023-27, which provides a bold and transformative blueprint for the future of our health service.

We have focused our strategic efforts on the following priority areas:

- Virtual care
- Research
- Australian Centre for Transplantation Excellence and Research (ACTER)
- Olivia Newton-John Cancer & Wellness Centre
- Aboriginal health

Building upon our expertise and experience in these areas has helped to position Austin Health as a future focused health service that is able to contribute to the Victorian health system in the most expansive way possible and increase the care we provide to our community.







ACTER

2025-2026 was another busy year of milestones for transplantation at Austin Health. While our transplant services continue to deliver critical, life-saving care to patients, there has also been significant progress behind the scenes to underpin the success, innovation, and development of our specialist teams.

As we enter another exciting year for ACTER, we would like to acknowledge and thank all the staff, patients, and carers who have contributed to our journey so far. Your commitment, insight, and partnership are central to everything we do.

ACTER would not be possible without the individuals and families who give the gift of organ donation. We extend our heartfelt thanks for your generosity.

acter
AUSTRALIAN CENTRE FOR **TRANSPLANTATION EXCELLENCE AND RESEARCH**

Shining a spotlight on intestinal failure care

Austin Health continues to lead the way in the care of intestinal failure. This year, we proudly hosted the inaugural Intestinal Failure and Transplant Symposium alongside the 2026 Advanced Liver Disease Symposium. These events reinforced our position as a national leader in specialist care, bringing together clinicians from across Australia to share knowledge, build capability, and advance best practice in the management of complex conditions. They also provided an important platform to foster collaboration, promote innovation, and strengthen clinical networks across the sector.

As the national centre for intestinal transplantation across Australia and New Zealand, Austin Health has experienced a year of exceptional growth and impact. Our team performed six intestinal transplants, supporting patients from Victoria, New South Wales, Queensland, and New Zealand. These outcomes reflect not only the increasing demand for this highly specialised service, but also the expertise, coordination, and commitment of our multidisciplinary transplant teams and collaborating services.

In parallel, we have continued to enhance our service model, with a strong focus on early referral, comprehensive assessment, and ongoing post-transplant support. This approach ensures patients with intestinal failure receive timely access to specialist care and are supported throughout what is often a complex and challenging clinical journey.

This work strongly aligns with ACTER's goal of improving access to transplant services, ensuring more patients can benefit from lifesaving, highly specialised care. By strengthening partnerships, building clinical capability, and continuing to innovate in service delivery, Austin Health is playing a critical role in improving outcomes for patients with intestinal failure both locally and across the broader Australia and New Zealand network.

10 years of allogeneic stem cell transplant at Austin Health

At the end of 2025, we celebrated 10 years since the opening of the allogeneic stem cell transplant service at Austin Health. This significant milestone reflects a decade of growth, innovation, and improved patient outcomes. Over this period, we have performed 735 transplants, supporting hundreds of patients and families through this complex and life-saving care.

In 2025-2026, we completed 83 stem cell transplants, continuing to build on this strong foundation and demonstrating sustained demand for specialised transplant services. This activity reflects both the strength of the clinical program and the dedication of the multidisciplinary teams who deliver high-quality, patient-centred care across the transplant journey.



This year has also been marked by a strengthening of partnerships across metropolitan and regional Victoria, including Eastern Health, Monash Health, and Grampians Health. These collaborations are critical to ensuring equitable access to care, enabling patients to be referred, assessed, and treated by specialised transplant services.

Through these partnerships, we are extending our reach, improving care coordination, and delivering vital treatment to more Victorians. This collaborative approach will remain central to our model as we continue to grow and evolve the service to meet future demand and support better outcomes for patients and their families.

Stepping towards building our holistic model of care

A key pillar of ACTER is the delivery of a holistic model of care. In 2025-2026, we made significant progress towards this goal through a targeted survey of transplant recipients and their carers. The survey was co-designed in collaboration with a small group of transplant recipients before being expanded to a broader cohort, ensuring it was grounded in lived experience and reflected what matters most to those we support.

The findings have provided valuable insights into the physical, emotional, social, and practical challenges experienced across the transplant journey. Importantly, they have reinforced the critical role of carers and highlighted opportunities to better integrate support for both patients and their support networks.

These insights are now shaping our approach to developing and implementing a holistic model of care that responds to needs before, during, and after transplant, and across all streams of care. This includes strengthening care coordination, improving access to supportive services, and ensuring communication and education are tailored to individual needs.

This work represents an important step towards more person-centred, responsive care, and will continue to inform ongoing service design and improvement initiatives. We sincerely thank everyone who contributed their time, insights, and experiences to this process, and we look forward to continuing to evolve our services to better meet the needs of our community.



2025-26 at a glance

86
liver transplants

6
intestine transplants

70
kidney transplants

83
stem cell transplants

Virtual care and Victorian Virtual Hospital

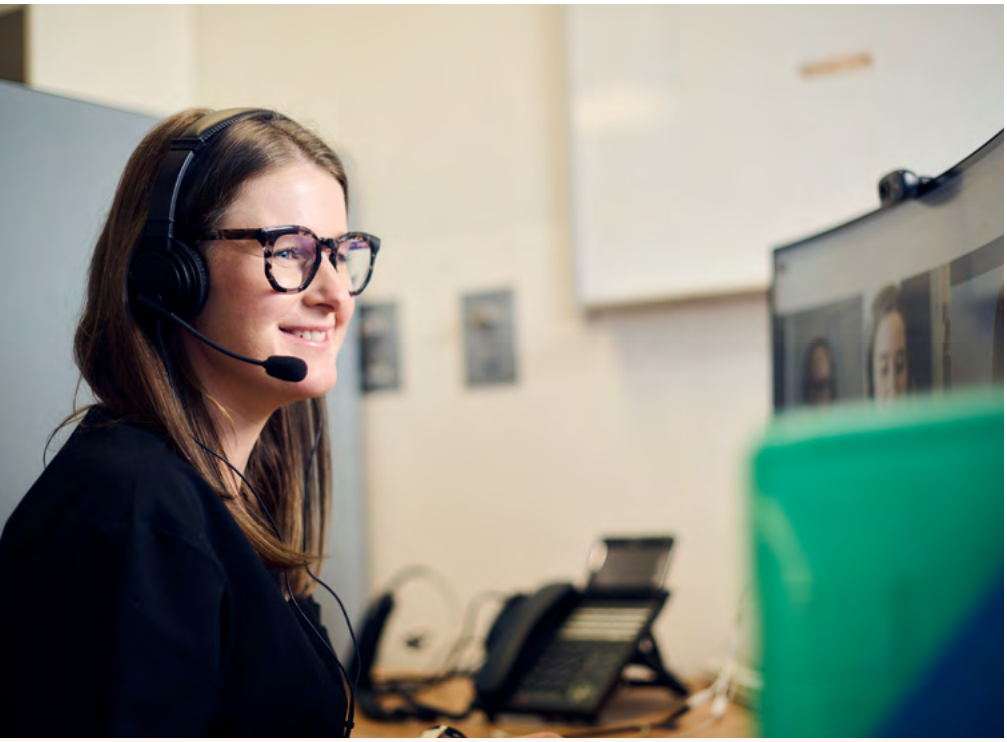


Throughout 2025–26, Austin Health has continued to strengthen its leadership in virtual care, playing a central role in the delivery of the Virtual Hospital in partnership with the Royal Melbourne Hospital. This innovative model represents a significant step forward in expanding access to safe, high-quality care beyond the traditional hospital setting.

The Victorian Virtual Hospital provides acute and subacute care to clinician-referred patients who would otherwise require admission to a physical hospital ward. Through a combination of video consultations, telephone support and digital health technologies, including wearable devices that enable real-time monitoring of vital signs, patients can receive hospital-level care in the comfort of their own homes while remaining under close clinical supervision.

The program commenced admissions in December 2025 and has already demonstrated strong outcomes. Between December and June, the service has delivered care to 692 patients across multiple pathways. Patient experience has been overwhelmingly positive, with 99 per cent of surveyed patients rating their care as good or very good.

Improving access to specialist care for regional and rural Victorians has been a key focus of the pilot. Through virtual wards and specialist-led virtual ward rounds, patients in areas including Colac, Seymour, Shepparton and Echuca have been able to access timely tertiary expertise without the need to travel to metropolitan hospitals. This has resulted in meaningful benefits for patients and their families. 83 per cent reported time savings and 78 per cent reported cost savings, while many also avoided time away from work or study.



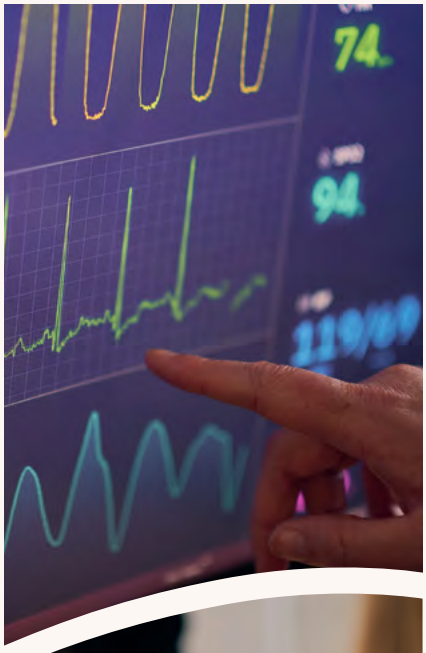
A member of the Virtual Hospital team during a video consultation.

The scope of the pilot includes dedicated virtual wards, specialist virtual ward rounds and monitoring, and contributions to system-wide capacity and demand management. The virtual cardiac ward has been a particular area of focus, supporting patients with heart failure through daily review by a multidisciplinary team. Home monitoring equipment and wearable devices enable clinicians to respond to changes in a patient's condition in real time, supporting earlier stabilisation of symptoms and more timely adjustments to treatment.

Patients are supported to actively participate in their care, with technology enabling easy access to clinical teams and the inclusion of family members and carers in consultations. For many, this model of care has meant remaining in familiar surroundings while still receiving consistent, high-quality clinical oversight. This contributes to both improved patient experience and recovery.

The Virtual Hospital builds on Austin Health's established virtual care capability, including Hospital in the Home and Better@Home programs, and reflects an integrated approach to delivering care beyond hospital walls. These models continue to support earlier discharge, reduce avoidable admissions and improve patient flow across the health service.







Feedback from patients, families and clinicians has consistently reinforced the value of the Virtual Hospital. Patients report greater convenience, improved engagement in their care and reduced disruption to their daily lives. Clinicians benefit from enhanced visibility of patient status and the ability to deliver responsive, data-informed care.

Following the success of the initial six-month pilot, the Virtual Hospital program has been extended for a further year.

This extension will support ongoing evaluation of the model and exploration of opportunities to enhance the service to benefit more patients across Victoria.

The Virtual Hospital aligns with Austin Health's strategic vision and the Victorian Government's priorities for innovative, accessible healthcare. By bringing specialist expertise directly to patients, regardless of location, Austin Health is helping to shape a more flexible, sustainable and patient-focused health system.

Top left: Virtual Hospital staff during a video consultation.

Top right: Patient vital signs being monitored in real time.

Bottom: One of the wearable devices used by the Victorian Virtual Hospital.



"It saved so much time and effort. It was holistic, it was convenient, and it was just so impressive."

Janet, Virtual Hospital patient from Colac

Aboriginal health

Austin Health is committed to improving the health outcomes for Aboriginal and Torres Strait Islander patients and community and throughout 2025-26 has continued to put in place systems, processes and initiatives that help to ensure more culturally safe care.

Establishing the First Nations Health unit

In 2025–26, Austin Health established a dedicated First Nations Health unit, marking a significant step forward in strengthening culturally safe care and advancing health equity for First Nations communities. This investment included the creation of new, dedicated roles to drive reform, provide leadership and embed culturally informed approaches across the organisation.

The unit is led by Director First Nations Health, Sarah Joyce (pictured below), a proud Yorta Yorta woman with more than a decade of leadership experience across Aboriginal Community Controlled Organisations. Sarah has held senior roles in family violence, integrated family services and therapeutic programs, and most recently served as Acting CEO and Women's and Children's Service Leader at Boorndawan William Aboriginal Healing Service. Across her career, she has championed First Nations voices, cultural safety, and community-led, trauma-informed approaches. Her leadership is complemented by strengthened governance, with the appointment of Brett West, a Yamatji man, to the Austin Health Board.

Brett brings extensive leadership experience from a 30-year career in the Australian Defence Force and senior roles across the Victorian Public Sector, along with a strong commitment to improving outcomes for First Nations peoples.

A key priority of the new unit has been to enhance the visibility and impact of Aboriginal Health Liaison Officers (AHLOs). This has included the creation of an additional AHLO role, expanded coverage across day and night shifts, and transition to a seven-day-a-week service. Together, these initiatives are strengthening culturally safe care and ensuring First Nations patients receive the support they need throughout their healthcare journey.



Sarah Joyce, Director First Nations Health.

Emergency Department First Nations Working Group

The Emergency Department First Nations Working Group was established in 2025-26 to improve equity and cultural safety for First Nations patients, who experience significantly higher rates of leaving before care is completed.

A multidisciplinary team partnered with consumers and community stakeholders to identify key barriers and implement targeted improvements. Early initiatives have focused on enhancing communication supports, creating more culturally safe environments, and strengthening integration of AHLO workflows.

From Emergency Department to Outpatients

Over the past year, we have begun important work to better understand and improve the journey of First Nations patients as they move through our health service, from the Emergency Department through to specialist clinics.

This initiative marks a significant step in ensuring our services are more culturally safe, coordinated and accessible, with a focus on listening to patient experiences and identifying where care pathways can be strengthened.

Showcasing our new Davidson's plum panna cotta.



Native ingredients on the menu

At Austin Health, we are exploring new ways to incorporate native Australian ingredients into our inpatient menus, beginning with the introduction of a Davidson's plum panna cotta. Davidson's plum, a vibrant rainforest fruit traditionally used by Aboriginal peoples in northern New South Wales and Queensland, offers both a distinctive tart flavour and high levels of vitamin C and antioxidants.

This initiative celebrates the knowledge, culture and food systems of the world's oldest continuing cultures, while enhancing the diversity and nutritional value of meals provided to patients. By beginning to incorporate native ingredients into our menus, Austin Health aims to create more culturally inclusive environments, introduce patients and staff to nutritious Australian foods, and support broader awareness of First Nations culture.

Increasing Aboriginal consumer partner representation

During the year significant effort has gone into strengthening engagement with First Nations community by inviting more Aboriginal and Torres Strait Islander peoples to become consumer partners. In addition to increasing the number of First Nations consumer partners we were successful in recruiting an Aboriginal consumer to the Community Advisory Committee, which plays an important role in ensuring the voice of patients and the community are considered in projects and initiatives at Austin Health from development through to delivery.

Research

Advancing a connected and impactful research future

Austin Health continues to strengthen its position as a leading academic health service, delivering research that improves lives locally and influences care globally. Our research community spans discovery science, translational research, clinical trials and health services research, supported by strong partnerships across the precinct, including the University of Melbourne.

This year reflects both strong performance and purposeful planning. We have continued to grow research output, attract competitive funding and lead practice-changing studies, while setting a clearer, more coordinated direction for the future of research at Austin Health.





Rebecca Hall, Elise Mitri and Professor Jason Trubiano, who worked together on groundbreaking research into penicillin allergy labelling.

A significant milestone was the appointment of Professor Jason Trubiano as Clinical Director of Research, commencing in January 2026. An internationally recognised infectious diseases physician and researcher, Professor Trubiano brings extensive experience across clinical care, research strategy and academic collaboration. His appointment signals an exciting new chapter – one focused on strengthening multidisciplinary collaboration, supporting emerging researchers and translating research excellence into improved patient outcomes.

"Austin Health's research future is defined by collaboration, focus and real-world impact. By bringing together our clinical strengths, partnerships and research capability, we are building an environment where innovation can translate more rapidly into better care for our patients and community."

Professor Jason Trubiano, Clinical Director of Research

2025/26 Austin Health research citations

Database	Number of citations
PubMed	1788
Embase	2467
Subtotal	4255
Total after removal of duplicates/incorrect citations	**2496**
Weekly average (as at 09/07/2026)	48

Our thriving research community

Austin Health's research strength is built on the expertise, leadership and passion of our people. Our research teams are multidisciplinary and innovative, fostering a culture of curiosity and excellence.

Improving recovery for patients with complex airway needs

Austin Health researchers are advancing care for patients with complex airway needs through innovative speech pathology and implementation science.

Associate Professor Charissa Zaga, a clinician-researcher in speech pathology, has led research to improve care for patients requiring tracheostomy and prolonged mechanical ventilation. Her recent work analysed more than 400 patient admissions to better understand how patients can be safely weaned from ventilation and have their tracheostomy removed.

This research has informed the development of two structured clinical pathways – supporting both rapid and prolonged weaning – designed to standardise care and improve outcomes for critically ill patients.

A/Prof Zaga's work highlights the critical role of multidisciplinary research in improving patient recovery and reflects Austin Health's strength in translating research into practical improvements in clinical care, particularly in complex and high-acuity settings.



A/Prof Charissa Zaga.

Tara Woods and A/Prof Ary Serpa Neto in the ICU.



Advancing intensive care through global trials in acute kidney injury

Associate Professor Ary Serpa Neto, Director of Intensive Care Research, is leading international efforts to improve outcomes for critically ill patients through large-scale clinical trials.

His recent research has focused on acute kidney injury – one of the most serious complications in intensive care – investigating whether a simple, low-cost treatment using sodium bicarbonate can reduce the need for dialysis and improve survival.

This major international trial involved 500 patients across 55 intensive care units in seven countries and explored the use of a controlled intravenous infusion to treat patients experiencing shock and severe metabolic acidosis. The study identified a potential benefit for patients who develop acute kidney injury, suggesting the treatment may reduce the risk of death, dialysis and ongoing kidney damage.

Published in the *New England Journal of Medicine*, the research provides important evidence to guide care in a complex and high-risk patient group and has prompted plans for a larger international study to confirm the findings.

Leading a global shift in penicillin allergy care

Austin Health has led the world's largest study confirming that most patients labelled as allergic to penicillin are not truly allergic – transforming antibiotic use and patient care globally.

Led by Elise Mitri, Austin Health Drug Allergy Pharmacist and Project Coordinator, the international study, involving more than 5,000 patients across 40 hospitals, demonstrated for the first time that penicillin allergy testing can be safely embedded into routine hospital care at scale. Of patients tested, 95 per cent were found not to be allergic, enabling clinicians to prescribe more effective first-line antibiotics and improve treatment outcomes.

A key innovation was a purpose-built digital assessment tool, allowing non-specialist clinicians to identify low-risk patients and safely conduct testing as part of everyday care – even in hospitals without specialist allergy services.

This landmark research represents a critical shift from specialist-led testing to scalable global implementation, positioning Austin Health at the forefront of improving antimicrobial stewardship, patient safety and healthcare efficiency worldwide.

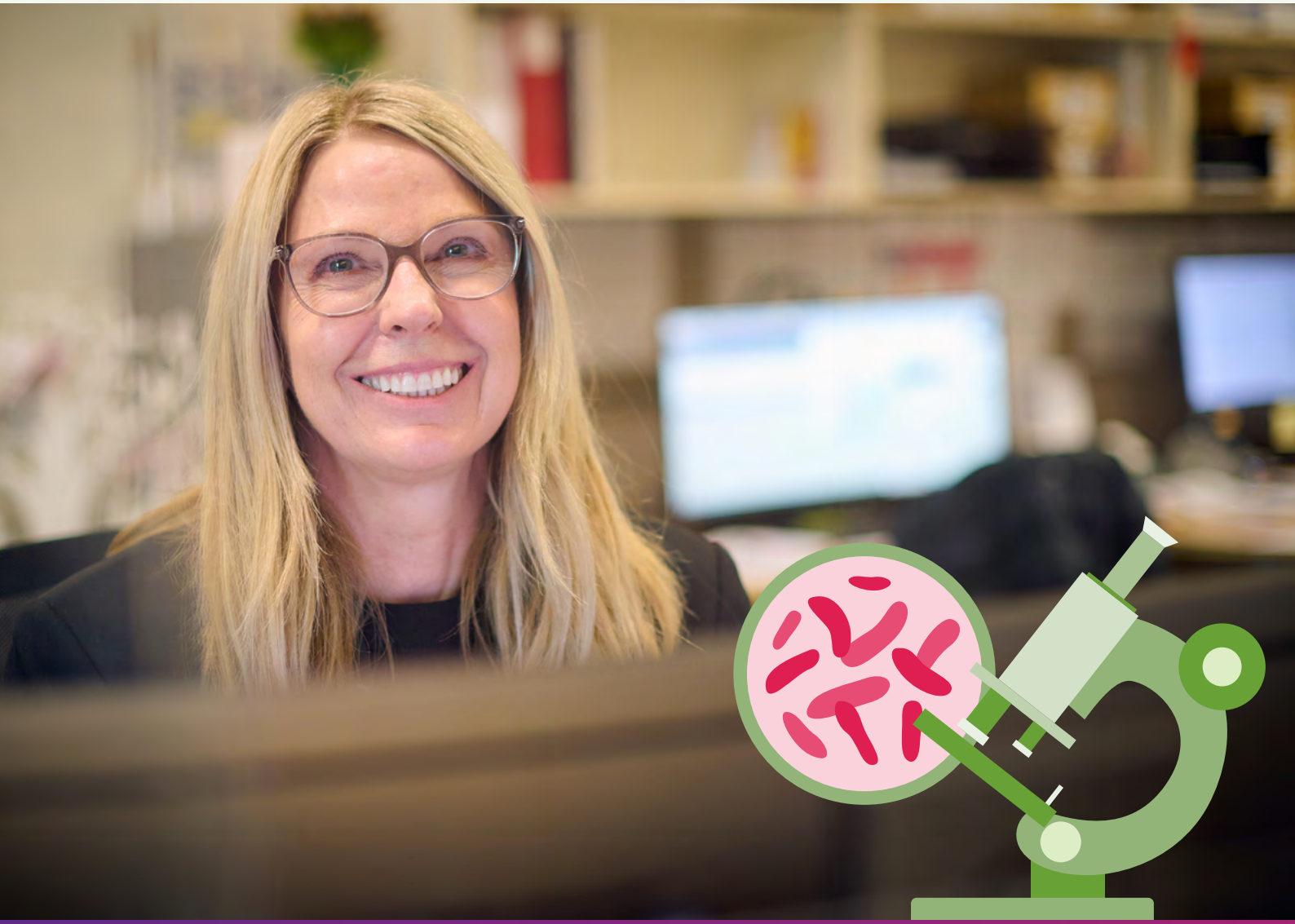
ONJ Cancer & Wellness Centre

Olivia Newton-John Cancer & Wellness Centre Wellness and Supportive Care Program

The Olivia Newton-John Cancer & Wellness Centre Wellness and Supportive Care Program is one of the largest providers of supportive care services in Victoria and Australia. The program brings together a multidisciplinary team of medical, nursing, allied health and complementary therapy professionals to support people throughout their cancer experience.

Since 2023, the number of unique patients accessing our services has increased by 60 per cent. Nationally, the program has continued to strengthen collaborations with cancer centres across Australia. In 2025-26, we co-led the National Integrative Oncology and Wellbeing in Supportive Cancer Care Symposium, which brought together more than 150 participants and featured international speakers from leading cancer centres in the United States.

This work was followed by presentations at the 2026 Multinational Association of Supportive Care in Cancer Annual Meeting. Together, these activities have significantly increased the national and international profile of the centre and positioned it as a recognised leader in supportive care over the past two years.





Increased trials complexity at the Austin Health Cancer Clinical Trials Centre

The Austin Health Cancer Clinical Trials Centre (CCTC) continues to strengthen its position in early-phase research, with Phase 1 studies now comprising more than 40 per cent of all trials, highlighting CCTC's growing capability, expertise, and reputation for delivering complex, high-quality clinical research. Reflecting this trend, trial complexity has increased significantly, rising by 20 per cent over the past two years.

In the past financial year, more than 200 new patients were enrolled into clinical trials, with more than 500 patients actively participating at any given time. More than 50 new trials were opened over the financial year, offering patients access to cutting-edge treatment options.

Nurse-led follow up pathways

From August 2025, a nurse-led model of care was implemented for patients with prostate cancer who have received definitive or salvage radiotherapy and are currently within a five-year post radiotherapy follow up period.

A project team including clinicians and a consumer participant developed a clinical pathway for the recruitment of existing patients. Patients in existing follow up within the five-year period and new patients commencing definitive radiotherapy are referred for consideration for ongoing management on this nurse led pathway.

Since the start of the project recruitment has steadily increased to achieve activity targets. A total of 273 patients have transitioned to the nurse-led follow up model of care, with 457 nursing consultations having been conducted and informal feedback indicating strong patient satisfaction.

Genetic testing pathway for patients diagnosed with cancer

Genetic testing is now offered within oncology care; however, not all patients have access to this pathway, with many referred to Familial Cancer Clinics (FCC) where standard workflows often involve comprehensive risk assessment and counselling prior to testing. This can limit timely access to results that could inform treatment.

To address this gap a new service model, internal mainstreaming, was developed for patients referred to FCCs who still require timely access to genetic testing. Selected patients (including those newly diagnosed with breast, ovarian, or pancreatic cancer) undergo treatment-focused genetic testing without requiring an initial appointment at an FCC. This approach supports streamlined access to testing to improve turnaround time to results and increase patient access.

Patients estimated to have low or moderate familial risk continue under Internal Mainstream care, while those with complex genetic findings or family histories are seen through the FCC for specialist genetic counselling and further management.

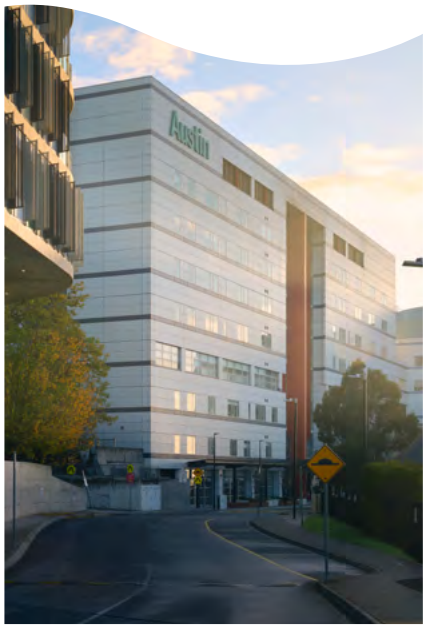
This model highlights the critical role of allied health professionals such as Genetic Counsellors in enabling precision medicine through integrated care delivery.



Year in review

New facilities and works

Throughout 2025-26 Austin Health has undertaken a range of major projects to deliver new facilities and services across our campuses and beyond.



Main works begin on Austin Hospital Emergency Department redevelopment project

Main works on the Austin Hospital Emergency Department redevelopment commenced during 2025-26, marking an important milestone for this project that will add a total of 29 extra emergency treatment spaces once complete and ensure our health service can meet the needs of a growing population.

The project will expand the existing Austin Tower building out over the front entry podium, allowing for progressive expansion and reconfiguration of the ED.

The expansion of the ED will also deliver improved clinical administration and an upgraded short stay unit, creating better services on site for patients, families and healthcare workers.

The project is being delivered by the Victorian Health Building Authority in partnership with Austin Health.



New café at Royal Talbot

The café at Royal Talbot has undergone a major refurbishment to create a cleaner, more functional, and more inclusive environment for staff, patients, and visitors – with a particular focus on accessibility for people with disabilities.

The changes to the café included a visual uplift, improved layout, new furnishings and greenery, all of which have combined to make the café into a modern, accessible, and inviting place for our community to relax and connect.

Below: Austin Hospital Emergency Department redevelopment project.



Heidelberg Youth Prevention and Recovery Care centre.





Heidelberg Youth Prevention and Recovery Care opened

Our new 10-bed Heidelberg Youth Prevention and Recovery Care (YPARC) opened in February 2026. The YPARC provides around-the-clock treatment, care and support to young people aged 16 to 25 who are experiencing mental health challenges and/or psychological distress. It helps young people avoid hospitalisation by providing early intervention and is also an important step down from the acute unit if they need a space to continue their recovery before they head home.

The Heidelberg YPARC was co-designed by clinicians, carers and young people with lived and living experience, ensuring it is therapeutic, fit-for-purpose and safe.

The centre is a voluntary, referral-based service delivered in partnership with Mind Australia. 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. Specialist mental health staff are available 24 hours a day to support young people to stabilise their mental health and build the skills to live safely and securely in the community.



Ward 17 art room unveiled

Thanks to the generosity of a donor and the War Widows Guild of Victoria, this year we opened an art room in Ward 17. The room provides additional space for art activities and additional day space. The ward is extremely grateful for the ongoing support from donors.

Advanced radiotherapy technology introduced at BAROC

In May 2026 Austin Health, in partnership with Grampians Health Ballarat, reached a major milestone at the Ballarat Austin Radiation Oncology Centre (BAROC), with the successful treatment of the first group of patients on one of its new Varian TrueBeam linear accelerators (Linacs).

This milestone marked another key step in the $15 million Ballarat Regional Integrated Cancer Centre (BRICC) Major Radiotherapy Equipment Replacement Project, a joint initiative between Austin Health and Grampians Health, funded by the Commonwealth and Victorian Governments, with additional support from Radiation Oncology Special Purpose Funds.

Once complete, the BRICC project is set to deliver state-of-the-art radiotherapy technology for communities across Ballarat and the Grampians, reinforcing Austin Health's commitment to strengthening regional cancer services and improving access to contemporary, high-quality care.



North Metro and Mitchell Local Health Service Network

Partnership delivers life changing stroke care for the North Metro and Mitchell community

A clinical partnership between Austin Health and Northern Health is helping to improve timely access to stroke care for patients across Melbourne's northern suburbs, with more than 45 patients having now benefited from rapid access to Endovascular Clot Retrieval (ECR) treatment.

Over the past ten months, Austin Health has worked with Northern Health to establish a streamlined ECR referral pathway with Austin Health – a tertiary stroke centre with specialist neuro-interventional capabilities. When a patient presents to Northern Health with a large vessel occlusion stroke, the new pathway enables clinicians to rapidly activate a direct transfer to Austin Health for clot retrieval, a time-critical procedure where every minute counts.

The results speak for themselves. Since the pathway launched, over 45 patients have been successfully referred and treated – patients who may previously have faced delays or barriers in accessing this specialised intervention.

Establishing shared nursing graduate pathways

Austin Health worked with its partners in the North Metro & Mitchell Local Health Service Network in planning shared nursing graduate pathways for 2027. The shared pathways include rotations across Mercy Hospital for Women, Northern Health, Austin Health and Seymour Health focusing on general, aged care and midwifery-based rotations.

These new opportunities are designed to provide graduates with broader clinical exposure and experience across different healthcare settings, while supporting a more connected and collaborative approach to workforce development across the Network.



Patient Experience

Patient Experience Survey

Measuring patient experience remains central to delivering person-centred care and provides critical insight into how our services, systems and processes are performing from the patient perspective. Patient experience surveys and formal feedback including compliments, complaints and suggestions, are key mechanisms for understanding the patient experience and identifying opportunities to improve care.

Patient experience and feedback

The Patient Experience Survey is sent to many Austin Health inpatients via SMS following discharge. This approach provides timely feedback to support local service improvement and organisational oversight.

In 2025-26, more than 27,000 patients responded to the survey, with an overall patient satisfaction rating of 88 per cent, reflecting continued strong performance in the delivery of care.

During the year, Austin Health received 1,437 complaints, an increase of 14.3 per cent compared with 1,257 complaints in 2024-25. All complaints received by Austin Health are acknowledged by our Patient Experience team, entered into our electronic feedback system, and confidentially shared with the most appropriate senior staff to review, follow up or investigate, with a response to the complaint provided if requested.

We also received 1,000 compliments, representing a 6.3 per cent increase from 941 compliments in the previous year, highlighting ongoing recognition of positive care experiences and the dedication of our staff. When the Patient Experience team receives a compliment, it is added to our feedback system and shared with senior staff and their teams.

88%
overall satisfaction rating

1,000
compliments
increased 6.3%

1,437
complaints
increased 14.3%



Austin Health consumer partners and staff.



Community Advisory Committee in 2025-26

Consumer and community perspectives are essential to improving healthcare. By listening to patients, carers and community members, Austin Health can better design services that are safer, more inclusive and better aligned with what matters most to the people we care for.



Central to this consumer-focused approach at Austin Health is the Community Advisory Committee (CAC), which provides a formal way for Austin Health consumers, carers and community members to share their perspectives directly with the Board and executive leaders and ensure these experiences, needs and priorities are considered in decision-making, planning and service delivery.

During 2025-26, the CAC contributed feedback and advice on a broad range of initiatives that affect patients and families including virtual care and telehealth services, digital transformation projects, disability access and inclusion, mental health lived experience initiatives, specialist clinics, surgical optimisation, and health service planning. Through these discussions, consumers helped identify opportunities to improve communication, accessibility, patient preparation, digital inclusion and the overall experience of care.

Consumer Collaborative launched

In October 2025, we launched the Consumer Collaborative, a new co-designed forum where consumer partners and staff work together from the very beginning of improvement projects.

Rather than seeking feedback at the end, the Consumer Collaborative brings consumer voices into the early stages of planning and design. It's a space to:

- strengthen health literacy
- review patient information and service improvements
- build confidence for both staff and consumers to engage meaningfully.

The Consumer Collaborative includes around 15 trained consumer partners who reflect the diversity of our community, including people with lived experience as First Nations peoples, LGBTQIA+ individuals, people with disability, and carers. Many are also current or past patients of Austin Health. They've completed training in Improvement Science, Plain Language, and more to support their role in shaping better care.

During the year the group has supported development of our annual Quality Account, Austin Health's Clinical Governance framework, a new digital meal ordering app, Endoscopy services' relocation, patient discharge letter design and much more.



Language Skills Badge program

The Language Skills Badge Program enables staff to volunteer to wear a badge that displays the languages they speak, helping patients and families easily identify staff who may be able to communicate with them in their preferred language.

Since launching in October 2025, the program has seen strong uptake across Austin Health, with 283 staff and volunteers participating. Staff from a wide range of disciplines have joined, including nursing (132 participants), allied health (38), administration (30) and medical staff (22), as well as support and non-clinical teams. This demonstrates a strong, organisation-wide commitment to more inclusive care.

Participants have registered 61 different languages and 84 staff speak two or more languages, reflecting the diversity of both our workforce and the community we serve.

Feedback from staff highlights the impact of the program in practice, with a shared language between patients and staff helping to build trust, reduce anxiety and create a more welcoming environment for patients and families.

The program is a simple, low-cost initiative that is making a meaningful contribution to culturally responsive care, supporting better communication and improving patient experience across Austin Health.

Changing Places facility improving access and equity

This year we introduced a Changing Places facility at the Austin Hospital to improve access for people with disability, their families and carers.

Changing Places are purpose designed accessible bathrooms for people with high support needs who cannot use standard accessible toilets. They provide more space and specialised equipment, enabling people to use bathroom facilities safely, comfortably and with dignity, often with assistance from carers or support workers.

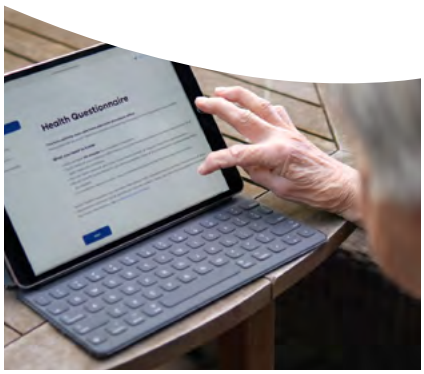
Austin Hospital Changing Places facility.



The Austin Health facility includes a height adjustable adult change table, ceiling hoist, peninsula toilet and additional circulation space for wheelchairs and equipment. The facility is accessed using a Master Locksmith Access Key (MLAK), providing secure and consistent entry for eligible users.

This initiative helps reduce barriers to care by supporting patients and visitors to attend appointments and spend time on site with greater confidence. It reflects Austin Health's commitment to inclusive, person-centred care and to creating environments that better meet the needs of the diverse community we serve.









Disability Awareness Training – building capability for inclusive care

In December 2025, Austin Health launched a new Disability Awareness training program available for all staff through our online learning platform. The launch aligned with International Day of People with Disability and reflects our ongoing commitment to inclusive, person-centred care.

The training, developed through the SPEAK project in partnership with Alfred Health and community organisations, supports staff to better meet the needs of people with sensory, intellectual and communication disabilities.

The program includes modules on the rights of people with disability, models of disability, the healthcare experience, reasonable adjustments, and available resources and supports. It aims to build staff confidence, knowledge and practical skills in delivering accessible and responsive care.

Since launch, more than 1,500 staff have completed the training, with ongoing promotion across the health service to support further uptake.

This initiative strengthens our workforce capability and helps ensure people with disability receive safe, respectful and equitable care at Austin Health.

Improvements to food service management

In November 2025 we launched a new electronic food service meal management system across all sites.

The CBORD Room Service Choice system integrates food procurement, food service management, food ordering, and reporting into a single digital platform. The new system improves communication between the clinical and food service system, patient safety, and work efficiency.

The new system is also more environmentally friendly. Patients no longer receive paper menus to fill out, saving around 1,000 pieces of paper a day.

Instead, Menu Monitors on each ward take patients' orders at the bedside via a mobile electronic device.

The launch of the new system was made possible through collaboration across the health service and showcases our ongoing commitment to innovation, efficiency, and excellence in patient care.







Hospital in the Home nurse on the way to see a patient.



Home First – not all care needs a hospital bed

This year we launched the Home First campaign, an organisation-wide initiative to bolster our approach to hospital-level care for older adults. Home First is about working together to ensure every older person receives the right care, in the right place, at the right time – where safe and appropriate, that place is home.

For older people, even short hospital stays can have long term impacts. From loss of independence and reduced mobility to increased risk of complications and longer-term care needs.

For frail older people, what matters is how many safe, supported days they can spend at home. This can be achieved by supporting admission to a home-based service in place of a hospital bed or by progressing inpatient care to home at the earliest opportunity.

Our focus is on keeping people well in their own environment, avoiding unnecessary admissions, and ensuring that every clinical decision supports more time at home.

Leading the way with CareSync Exchange

Austin Health has played a leading role in the rollout of CareSync Exchange, helping to drive a more connected and efficient health system across Victoria. This secure, centralised platform enables public hospitals and health services to instantly share patient information at the point of care, giving clinicians fast access to more than 2.3 million patient records, including test results, discharge summaries and hospital histories. By replacing fragmented and outdated information-sharing processes, CareSync Exchange is reducing duplication, minimising delays and supporting more informed clinical decision-making.

Austin Health was one of two initial health services to adopt the CareSync Exchange system, providing useful insights ahead of its rollout to other health services during 2025-26. Within high-pressure settings such as the Emergency Department, the ability to view previous investigations in real time has helped clinicians avoid unnecessary repeat testing and focus on delivering the right care, faster. With a full statewide rollout planned by 2028, CareSync Exchange represents a significant step toward a safer, more coordinated healthcare system.



Top left: members of the team involved in hepatitis testing for mental health patients. Top right: Official opening of the Heidelberg YPARC. Bottom: Older Adult Community Service team.







Mental Health

Our Mental Health Division has continued to expand and develop the range of services and programs available to our community throughout 2025–26.

Hepatitis testing for mental health patients

Austin Health's Mental Health Division and the Department of Gastroenterology are working together to improve access to viral hepatitis testing and treatment for people experiencing mental illness.

Routine screening for Hepatitis B and Hepatitis C is now offered to all adult consumers admitted to our mental health inpatient units.

This initiative – part of the Helping You Stay Well program – aims to reduce the burden of undiagnosed viral hepatitis and support national public health targets, including Australia's goal of eliminating Hepatitis C by 2030.

People living with mental illness are more likely to be affected by Hepatitis B and C but are less likely to be screened or treated. This new initiative ensures testing becomes a standard part of inpatient care – reducing stigma, normalising screening, and supporting timely diagnosis and access to treatment.

1,000 referrals for The Hamilton Centre

The Hamilton Centre, Austin Health and Goulburn Valley Health celebrated an incredible milestone of more than 1,000 referrals.

Since opening in 2023, our clinical network has been working tirelessly to enhance integrated AOD and mental health care across both metro and regional Victoria.

Watching this number grow is a powerful reminder that more people are finally receiving the care they need and deserve.

Launching the Older Adult Community Service

This year we launched the Older Adult Community Service (OACS) – a new specialist multidisciplinary community mental health team supporting older adults across Banyule and Nillumbik.

OACS has been established in response to the growing need for developmentally appropriate mental health care for older adults experiencing complex presentations, including mental illness alongside frailty, cognitive impairment, chronic medical conditions and psychosocial vulnerability.

The service provides specialist community based assessment, treatment and short-term episodic care for older adults where mental illness is the primary presenting concern. Care is primarily delivered in the consumer's place of residence, supporting Austin Health's commitment to delivering care closer to home and promoting ageing in place.

Introducing the Defusing method within Mental Health

Within Mental Health, critical incidents can often occur given the complex and challenging nature of the clinical work undertaken. To provide staff with support following critical incidents we have rolled out the Defusing method across Mental Health.

The Defusing method is designed to help individuals reduce uncertainty and stress and is a shortened version of Debriefing.

75 Austin Health mental health clinicians have received targeted training to provide this defusing response to staff, with five clinicians rostered on Defusing Triage who process referrals and manage bookings. To further embed Defusing, ten clinicians have been trained to facilitate a one-day defusing training session for new staff who wish to join the Defusing program, an annual refresher training is offered to existing staff, and monthly group supervision is offered to all staff.

Nursing

Austin Health's nursing workforce, supported by strong professional leadership and education, continues to play a vital role in delivering high quality, person-centred care across our health service. Our nurses are central to patient experience, clinical excellence and innovation, and we remain committed to supporting their growth, development and wellbeing at every stage of their careers.

Austin Health now has more than 4,000 nurses, making this the largest professional group within our health service. Our workforce has grown by 470 nurses over the past seven years, reflecting sustained investment in capability and capacity.

Our nurses represent a diverse and multi-generational workforce and continue to lead innovation in models of care that support improved access and outcomes for our community.



Welcoming our 2026 graduate nurses.



Workforce Development and Career Pathways

In 2025-26, we continued to invest in building a sustainable and highly skilled nursing workforce. We supported more than 650 undergraduate nursing students, contributing to over 12,500 placement days, and employed 134 Graduate Nurses across three program streams.

Our strong pipeline into specialty practice is reflected in 53 Transition to Specialty Practice nurses across three specialties and two intakes, and 65 postgraduate nursing staff working across eight specialties. Notably, 87 per cent of our postgraduate nurses began their careers with Austin Health as graduates, demonstrating our commitment to nurturing talent and creating meaningful career pathways.

In March 2026, we were proud to launch the enhanced Austin Health Nursing Professional Practice Framework, representing a significant step forward in strengthening career development and professional pathways for our nursing workforce. Shaped through extensive organisation-wide engagement, the framework reflects the realities of contemporary practice and provides a clear roadmap to guide progression across all stages of nursing practice.

Advanced Nursing Practice

We saw continued growth in advanced nursing practice, with our Nurse Practitioner workforce increasing from 11 in 2022 to 20 in 2026, including two candidates currently in training.

Nurse Practitioners play a critical role across a broad and expanding range of services, including Mental Health, Transition Care Program, Stroke, Heart Failure, Hepato-biliary, Cardiology, Hospital in the Home, Emergency Department, Immunisation and Palliative Care. Through these services, they provide expert, autonomous care that enhances access, improves patient flow and supports complex clinical decision-making across acute, subacute, community and virtual settings.

This growth reflects both the increasing complexity of care and the vital contribution of advanced nursing practice in delivering innovative, patient-centred models of care.

Research and Innovation

Research and innovation remain integral to nursing practice at Austin Health.

Our nurses continue to contribute to and lead research projects, translating evidence into practice and fostering a culture of inquiry and continuous improvement. In 2026, we are proud to celebrate the participation of Min HU and Margaret Phillips in the Melbourne Academic Centre for Health (MACH) MACH-Track Program, a prestigious clinician researcher pathway designed to develop future healthcare leaders.





Min Hu, Clinical Nurse Specialist in Cardiology and Cardiothoracic nursing, is advancing work in artificial intelligence and digital health to support clinical decision-making and improve care outcomes. Margaret Phillips, Clinical Nurse Consultant in Pain Services, is undertaking research into Transitional Pain Services to strengthen recovery pathways and improve patient experience.

Elizabeth Walkley, Clinical Research Nurse and PhD candidate, was awarded a 2026 Victorian Nurses & Midwives Trust grant to support the integration of digital patient-reported outcome measures into surgical care, ensuring patient perspectives are embedded in clinical decision-making.

Building a Culturally Strong Workforce

We remain committed to building a diverse and culturally strong workforce. In 2026, we welcomed a new Aboriginal Cadet, continuing our investment in creating supported pathways for Aboriginal and Torres Strait Islander nursing students.

The Aboriginal Cadetship Program, delivered in partnership with Ngarra Jarra, the Clinical Nursing Education team and ward-based staff, provides culturally safe mentorship and professional support. The program continues to demonstrate strong outcomes, with previous cadets progressing into graduate roles and further study, contributing to culturally responsive, high-quality care across our services.

Beverley Briese Nursing Scholarships

The Beverley Briese Nursing Scholarships continue to support professional development and global engagement. In 2025, Kirsten Oataway, Emma Barker and Shanikka Dias were awarded scholarships of up to $55,000.

Kirsten attended the Oncology Nursing Society Conference in Texas, bringing insights to support local and national advancement in radiation oncology nursing. Emma engaged with global leaders in the Safewards model across Europe and the United Kingdom, returning with strategies to enhance safety and workforce wellbeing in mental health settings. Shanikka Dias is focused on improving access to kidney transplantation for older patients by identifying and addressing barriers to care.

We recognise that the contribution of our nurses extends beyond these achievements. Their commitment, skill and compassion are central to the care we provide every day.

We are deeply grateful to our nursing workforce for their dedication to Austin Health. Their professionalism, leadership and care are integral to delivering high-quality health services, and we look forward to continuing to support their growth and the impact of nursing across our organisation.

Medical and Pharmacy

This year we continued to invest in our medical workforce, with a total Senior Medical Staff workforce of 1,290 and a Junior Medical Staff workforce of 1,462. We credentialled 129 new Senior Medical Staff applications to support clinical care across the health service.

Supporting the wellbeing of our junior medical workforce

One of our key priorities was supporting the wellbeing, engagement and professional development of our junior medical workforce. We successfully recruited all 65 PGY1 (Intern) positions, welcoming a new cohort of interns to begin their medical careers in January.

We continued regular engagement forums with junior doctors through monthly meetings of the Junior Medical Advisory Forum, including dedicated discussions to support wellbeing initiatives and identify opportunities to improve rostering practices.

We also strengthened collaboration with Austin Doctors to enhance communication and engagement across the junior medical workforce. We remain committed to creating a positive learning environment where clinicians can develop, thrive and deliver exceptional patient care.





Future-ready Pharmacy Department

The Pharmacy Department experienced a year of significant growth and transformation. In October 2025, Paul Toner commenced as Director of Pharmacy, bringing extensive experience and expertise in the delivery of tertiary pharmacy services. Under Paul's leadership, the department has continued to drive service improvement and expansion initiatives focused on enhancing patient safety, service quality and clinical outcomes.

This year we added a specialist liver and intestinal transplant pharmacist to the multidisciplinary transplant team. This role has strengthened support for patients requiring complex immunosuppressive medication management, improving medication safety, adherence monitoring, patient education and continuity of care across inpatient and outpatient settings.

The department also completed a major expansion and refurbishment of the Level 3 Pharmacy. The redesigned, purpose-built workspace has improved workflow, stock management, staff collaboration and medication safety, resulting in greater operational efficiency and supporting the department's capacity to meet future service demands. Together, these initiatives have positioned the Pharmacy Department to continue delivering innovative, high-quality care and improved patient outcomes.

Austin Pathology launches services at Bendigo Health

In December 2025, Austin Health Pathology successfully expanded its services to Bendigo Health, marking another milestone in strengthening public pathology across regional Victoria.

This achievement forms part of a broader Department of Health initiative to return public pathology services to public hospitals, ensuring consistent, high-quality and accessible care for communities across the state.

Building on successful integrations in Shepparton, Mildura, Echuca and Swan Hill, the addition of Bendigo Health further extends Austin Health Pathology's regional network. A new 24/7 laboratory is now supporting Bendigo Health and surrounding services, backed by our main facility in Heidelberg.

Delivered through the dedication of a specialised project team and AHP leadership, this expansion reflects Austin Health's commitment to improving access and delivering high quality, publicly managed pathology services for regional communities.







183,553
completed allied health inpatient contacts

40,510
instances of allied health outpatient care

Allied Health

Excellence in high-risk foot care

Our podiatry-led interdisciplinary high-risk foot service attained core-level accreditation as a National Association of Diabetes Centres Interdisciplinary Diabetes High Risk Foot Service.

This accreditation recognises podiatry leadership in coordinating high-risk foot care, supported by collaborative input from specialist services and allied health partners including orthotics and dietetics. The team has demonstrated a clear commitment to delivering high-quality, evidence-based care and embedding continuous quality improvement into everyday practice. Assessors commended the service for the high standard of care provided to our community.

Proactive behaviour support and staff wellbeing in acute spinal care

Austin Health's statewide Victorian Spinal Cord Service delivers comprehensive acute, rehabilitation and long-term care to people with spinal cord injuries from Victoria, Tasmania, and the Riverina in New South Wales.

On the acute spinal ward, high rates of patient-related occupational violence and aggression, and associated staff stress, were impacting workforce safety and wellbeing. In response, we implemented a multi-stream program combining staff wellbeing initiatives and a six-month, psychology-led positive behaviour support model – the first of its kind in an acute setting.

Co-designed with staff, patients and families, the model integrated seamlessly into clinical practice. It resulted in a 22 per cent reduction in behaviour incidents, a 64 per cent reduction in Code Greys and a 122 per cent rise in completed behaviour support plans. Workforce outcomes improved markedly, including a 34 per cent reduction in self-reported burnout and a 221 per cent increase in joy at work.







Supporting and celebrating our staff

A great place to learn, work and grow

Austin Health has a longstanding reputation for excellence in teaching, training and professional development. Through a strong commitment to lifelong learning and extensive educational opportunities, we support our people to reach their full potential, strengthen workforce capability and deliver exceptional patient care.

The Clinical Education Unit (CEU) works collaboratively with clinical departments and external education providers to create and deliver high-quality learning opportunities for both current staff and the future healthcare workforce.

Austin Health maintains strong affiliations with more than 16 universities and four TAFEs, supporting diverse interdisciplinary education offerings. These partnerships contribute to ongoing workforce development and provide placement opportunities for almost 2,700 students across a wide range of health professions each year.

Throughout 2025-26, the CEU hosted and facilitated more than 23 conferences, symposia and workshops, bringing together local, national and international expertise to advance clinical practice, research and innovation.



Highlights included:

- Austin Health Obesity Conference (July 2025)
- EMG Workshop (July 2025)
- Professor Walter Eppich Workshop (July 2025)
- DonateLife Perioperative Workshop (August 2025)
- Austin Health Radiology Cardiac Conference (August 2025)
- The MET Course (September 2025, March 2026, June 2026)
- Orthopaedic Spine Symposium (October 2025)
- Safewards Training (October 2025)
- Toxicology Forum (October 2025)
- Austin Health ResearchFest (November 2025)
- Inaugural CEU Education Showcase (November 2025)
- FORBES Week (November 2025)
- Pharmacy Research Forum (November 2025)
- Intestinal Failure and Transplant Symposium (February 2026)
- ACTER Advanced Liver Disease Symposium (February 2026)
- Targeting ZERO: A Symposium on In-Hospital Cardiac Arrest (March 2026)
- Diabetes Masterclass (March 2026)
- Australian Institute of Clinical Governance Pacific Delegation (March 2026)
- DonateLife IDAT Workshop (April 2026)
- 2025 Nursing Education Program Celebrations (May 2026)
- ACCCN and Austin Health Critical Care Outreach Seminar (June 2026)

In addition to supporting education and training across Austin Health, our staff contribute to statewide and Local Health Service Network (LHSN) communities of practice. The Safewards Community of Practice has also provided valuable support and collaboration as Austin Health continues to embed the Safewards model across general and mental health settings, helping clinicians manage behaviours of concern and strengthen therapeutic relationships with consumers.

Austin Health has also been recognised for its leadership in education and workforce innovation. As Chair Health Service of the Learning Management Systems (LMS) Leadership Network, Austin Health continues to drive improvements in learning system design and governance across the sector. This expertise, combined with the evolving Local Health Service Network model, led to Austin Health being selected to lead the development of a Recognition of Prior Learning (RPL) framework across the network.

Further demonstrating our commitment to innovation, Austin Health was selected to participate in the Victorian Translational Simulation Framework pilot. The pilot supports organisations to use simulation methodology to test systems, identify risks and strengthen team performance in real-world clinical environments.

These achievements reflect Austin Health's contemporary approach to education, training and workforce development. Through strong partnerships, sector leadership and innovative learning initiatives, we continue to foster a culture of excellence and ensure Austin Health remains a great place to learn, work and grow.

Wellbeing Festival

Our annual Staff Wellbeing Festival returned in September, providing staff with an opportunity to connect with colleagues and take some time to pause, rest and recover. This year the festival reached approximately 1,100 staff across all campuses, including for the first time the Preston and Epping dialysis units.

Festival days featured activities hosted by our corporate partners and our very own staff. Activities during the festival included massages, 1:1 consultations with our superannuation partners, art therapy, and floral arrangement as part of our Vases of Appreciation initiative. Lort Smith therapy dogs also made special appearances on festival days.

Austin Health at the Midsumma Pride March.



Midsumma

Austin Health once again proudly took part in Midsumma Pride March in February, joining thousands of participants in a vibrant display of unity, inclusion and LGBTQIA+ pride. Staff from across Austin Health came together to represent our ongoing commitment to fostering a safe, welcoming and inclusive environment for our workforce, patients and communities.

Marching under the Austin Health banner, employees and allies demonstrated solidarity and support for LGBTQIA+ colleagues, reflecting the organisation's broader diversity and inclusion priorities.

Austin Health's participation in this year's Midsumma Pride March stands as a wonderful reflection of our shared values and our commitment to championing equity and inclusion every day.





Austin Musallah and Muslim Staff Network

To improve support for Muslim staff at Austin Health we established the Austin Musallah & Muslim Staff Network Teams channel.

Created in collaboration with the Diversity and Inclusion team and supported by Austin Health, this initiative reflects our commitment to fostering a respectful, inclusive, and culturally safe workplace for all.

The channel responds to the growing need for a central platform where Muslim staff can share prayer times, coordinate communal activities, celebrate religious events, and support one another in the workplace. It also serves as a space to help staff feel empowered to observe their prayers during work hours.

This initiative is part of Austin Health's broader Diversity and Inclusion strategy, ensuring all staff feel seen, respected, and supported in bringing their whole selves to work.

Launching Austin's Aboriginal Employment Plan

This year we launched our new Aboriginal Employment Plan. The plan sets out clear, measurable actions to increase Aboriginal and Torres Strait Islander employment, strengthen career pathways and embed cultural safety as defined by Aboriginal and Torres Strait Islander people across Austin Health, with leaders held accountable through defined governance, reporting and performance expectations.

This plan marks the start of long-term, sustained work guided by Aboriginal and Torres Strait Islander voices and leadership.

Celebrating 60 Years of Service: Robert Winther

In 2026 we celebrated cherished colleague, Veteran Liaison Officer Robert Winther's 60 years of service at the Heidelberg Repatriation Hospital.

Robert began his career at the Heidelberg Repatriation Hospital in February 1966. His decision to work with veterans was inspired by the support he and his family received from Legacy after the death of his father, a WWII Kokoda veteran.

Over six decades, Robert has become far more than any one title can describe. He's a trusted guide for veterans and families, a custodian of the Heidelberg Repatriation Hospital's history, and a colleague known for his compassion, humour and tireless dedication.

He has helped shape cherished places of remembrance, including the Remembrance Garden and the ANZAC Memorial Chapel, and has made remembrance events important annual traditions, ensuring the heritage of the Heidelberg Repatriation Hospital is honoured and preserved for generations.

In 1996, he was appointed to the newly created Veteran Liaison Officer role. Over the past 30 years, he has shaped it into a nationally recognised model for veteran support, replicated across Australia.



Over his time at the Heidelberg Repatriation Hospital, he has seen a lot of change, starting out with hard-copy files and rotary dials to the modern technology of today. Robert says throughout all the change, the Heidelberg Repatriation Hospital values have remained.

"It's care, compassion, community. We've kept our Repat values alive, they're in metal and concrete out there. If anyone ever asks, those are the words that tumble out," Robert says.

Robert's incredible milestone was marked with a morning tea held in his honour with more than 200 people in attendance, including Prime Minister Anthony Albanese.

Congratulations Robert on this outstanding achievement and your decades of service.





Top: Robert Winther celebrates 60 years of service at the Heidelberg Repatriation Hospital. Bottom: Prime Minister Anthony Albanese congratulates Robert on his remarkable milestone.







Staff accolades

Accelerate Frontline Leadership Development Program

Austin Health's Accelerate Frontline Leadership Development Program was recognised as a national finalist in the 2026 Australian Institute of Training and Development Excellence Awards. The program was shortlisted in the Best Leadership Development Program category.

ATLAS team

Austin Health's ATLAS team, part of the Clinical Education Unit, won two platinum awards at the LearnX Awards. The team was awarded Best EdTech for learner engagement and Best Learning & Talent Technology for our Learning Management System suite (compliance and training).

Professor Anne Buist AC

Professor Anne Buist was awarded a Companion of the Order of Australia for distinguished service to psychiatry, advancing best practice in perinatal mental health research and treatment, and to mental health education. Anne worked at Austin Health for over 30 years and continues to contribute in an honorary capacity.

Danny Brazzale

Danny Brazzale, Senior Respiratory Scientist and Manager of the Respiratory Laboratories at Austin Health, was awarded Life Membership of the Australian and New Zealand Society of Respiratory Science (ANZSRS). This is one of the Society's highest honours, recognising more than 20 years of contribution to respiratory science.

Julie Capetola

Austin Health volunteer Julie Capetola received a Jagajaga Community Volunteer Award from Kate Thwaites MP.

Dr Brennan Collis

Dr Brennan Collis, an Infectious Diseases physician at Austin Health and emerging clinician researcher, was awarded a prestigious and highly competitive National Health and Medical Research Council (NHMRC) Postgraduate Scholarship to support his PhD.

Jodie Geissler PSM

Austin Health CEO Jodie Geissler was awarded a Public Service Medal in the 2026 Australia Day Honours. The award recognises Jodie's outstanding public service in the health and mental health sectors of Victoria, reflecting more than 20 years of leadership dedicated to improving outcomes for patients, the workforce and the broader community.

Rebecca Hall

Clinical Nursing Consultant Rebecca Hall was awarded Best Oral Presentation at the European Academy of Allergy and Immunology Summer School. Rebecca presented on research undertaken at Austin Health examining the clinical impact of a weekly multidisciplinary antimicrobial stewardship (AMS) antibiotic allergy round, where sulfonamide and other antibiotic allergy labels were reviewed.

Medicines Optimisation Service

The Medicines Optimisation Service was awarded a Clinical Care Standards Excellence Award by the Australian Commission on Safety and Quality in Health Care. The award recognises the service's work implementing the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, and helping set a new benchmark for opioid safety.

Min Hu

Min Hu was selected for the prestigious MACH-Track PhD program for clinician researchers.

Professor Robert Jones AM

Professor Robert Jones AM retired from his role as Director of Austin Health's Liver and Intestinal Transplant Unit after 38 years of service. Professor Jones established the Victorian and Tasmanian adult liver transplant program, a paediatric liver transplant program covering Victoria, Tasmania and South Australia and a national intestinal and multivisceral transplant service that has changed the lives of many transplant recipients.

Professor Richard Macdonell (AM)

Professor Richard Macdonell was recognised as part of this year's King's Birthday Honours for his significant service to neurology, to clinical electrophysiology, and to tertiary education.

Ben Metherell

Ben Metherell was awarded this year's Myrtle Links Award, a long-standing tradition that celebrates excellence in Neuroscience nursing at Austin Health.

Dr Krinal Mori

General, Upper GI and Bariatric Surgeon at Austin Health Dr Krinal Mori received the 2025 Educator of Merit - Surgical Education and Training (SET) and Specialist International Medical Graduates (SIMGs) Supervisor of the Year Award for Victoria.

Margaret Phillips

Margaret Phillips was selected for the prestigious MACH-Track PhD program for clinician researchers.

Sister Renal Centre partnership

Austin Health's long-standing Sister Renal Centre partnership with Dr Kariadi Hospital in Indonesia won the 2026 Schrier Award from the International Society of Nephrology.

Dr Yaodong Tang

Dr Tang was awarded the Best Free Paper Presentation at the Annual Scientific Meeting of the College of Intensive Care Medicine of Australia and New Zealand. The award recognised his study of bowel management in critical care.

Thomas Wilson

Thomas Wilson was selected for the prestigious MACH-Track PhD program for clinician researchers.



Volunteers

Austin Health's volunteers continue to play a vital role in delivering compassionate, person-centred care across all campuses and services. Through their time, skill and generosity, our volunteers strengthen patient experience, support staff and enhance the care we provide to our community.

During 2025-26, 225 volunteers contributed more than 28,322 hours across 6,600 shifts, supporting an estimated 79,288 patients, visitors and staff. This represents a significant contribution to our health service, directly enhancing patient experience and enabling staff to focus on clinical care.

Throughout the year, volunteers supported a wide range of roles across Austin Health, including patient companionship, fundraising, wayfinding, pet therapy, and specialist and remote programs. These contributions strengthened access to services, reduced isolation for vulnerable patients and improved the overall experience of care.

Austin Health volunteers.





We were proud to see the successful transition of the ward companionship pilot into a permanent volunteer role. This program provides structured social engagement for patients at risk of loneliness, delirium and social isolation. Patient feedback consistently highlighted reduced anxiety and loneliness, with many noting that volunteers provided their only non-clinical interaction during admission.

Volunteers also played a critical role in supporting the Emergency Department redevelopment project, providing navigation and assisting with visitor flow, improving access to services and reducing pressure on frontline staff. The pet therapy program also continued to grow, with 16 volunteer teams delivering regular visits across more than 19 clinical areas, contributing to emotional wellbeing and positive patient experiences.



28,322
hours contributed across 6,600 shifts

79,288
patients, visitors and staff supported



Our volunteers at the Diamond Creek Opportunity Shop made a significant contribution during the year, raising $335,648 to support the purchase of essential medical equipment and service improvements that directly benefit patient care.

The Volunteer Engagement team enables this contribution through recruitment, training, governance and program development, ensuring volunteer involvement is safe, sustainable and aligned with the needs of our health service.

We recognise that the contribution of our volunteers extends beyond these figures. Their presence strengthens connection, enhances patient experience and plays an important role in supporting our staff and community.

We are deeply grateful to every volunteer who gives their time, energy and care to Austin Health. Their commitment and generosity are integral to delivering high-quality care, and we look forward to continuing to grow our volunteer programs and the impact of this valued workforce.





Thanking our community

We are beyond grateful to our community of donors, volunteers, fundraisers, partners and supporters.

Being a part of the Austin Health Foundation means we get to see firsthand how donor support can transform not just the lives of the patients treated at Austin Health, but their families, their loved ones and the dedicated staff who devote their lives to ensuring better outcomes for others.

We are always humbled by the support shown to Austin Health. Whether through a financial gift, a community fundraising event, volunteering time or a heartfelt donation in honour of a loved one; every contribution helps improve the lives of those in our care.

This year, philanthropic support helped fund vital and updated medical equipment, research, specialist training and innovative programs across Austin Health.

These investments help our clinicians provide exceptional care, support researchers to pursue new discoveries, and ensure patients have access to the best possible treatment.

We are continually inspired by the individuals, families, community groups and organisations who choose to support our work. From long-standing supporters such as the Diamond Creek Opportunity Shop and the Knights of Bethlehem, to the many people who fundraise, volunteer and advocate for Austin Health in their communities.

To everyone who has donated, fundraised, volunteered or committed to supporting Austin Health, thank you. This support is helping improve the lives of patients and families today, while creating opportunities for better care, research and innovation into the future.









Celebrating success at Olivia's Walk and Run for Wellness 2025

Olivia's Walk and Run for Wellness 2025 brought together our incredible staff, patients and the broader community at Alexandra Gardens for a day filled with energy, connection and inspiration in aid of the Olivia Newton-John Cancer & Wellness Centre. With over 3,300 participants – including thousands who joined us in person, hundreds more walking virtually, and even 172 four-legged friends – the atmosphere was electric, full of 80s vibes and heartfelt moments as participants walked, ran and celebrated the legacy of Dame Olivia Newton-John AC DBE.

In 2025 participants had the option to run as part of the event – introducing an exciting new element that tapped into Melbourne's thriving running community and helped us reach even more supporters passionate about wellness and movement.

The 2025 edition of Olivia's Walk for Wellness helped raise more than $1.3 million for the Olivia Newton-John Cancer & Wellness Centre.

Between April and October 2025, our incredible community united to help people living with cancer access free, evidence-based and world-leading wellness therapies. We are grateful to everyone who took part in the day and who donated to this important cause.

Thank you to our generous major donors and supporters



Total funds raised:
$6,718,733

Major Sponsors

- BlueSky
- Brooks Australia
- EML Mutual
- Lanson Place
- QMS Media
- SmoothFM
- Ventia

Trusts and Foundations

- Argo Foundation
- Davies Family Foundation
- H.T. Pamphilon Fund
- Robert C Bulley Charitable Fund
- Sir Edward 'Weary' Dunlop Medical Research Foundation
- Swoof Giving Fund
- Perpetual Foundation – The Evelyn Margaret Waterworth Endowment
- The Isabel and John Gilbertson Charitable Trust
- The Patricia McIntyre Foundation
- One anonymous

Community Supporters

- Abound Group
- Arnulf Pohl
- Centralia
- Chloe Karafilis
- Coburg High School
- Handsome Man Barbershop
- Jo's Jovember High Tea
- Madonna Della Croce
- Ordine Militare e Ospitaliero di Santa Maria di Betlemme
- Peter McCoy
- With Stefan

Olivia's Walk and Run for Wellness 2025

- Annie Aiello
- Curves Australia/New Zealand
- Christ Church Grammar School
- Megan Castran
- Mindy Verson
- Michael Caprio
- Alona Leibowitz
- Lynn Raffa
- Donna Gibellini
- Chris Rutherford
- Meaghan Dix
- Geoffrey Jaeger
- Serah Corazza
- Richard Bartolf
- Gabi Leo
- Michael Wing Lun
- Pauline Ip
- Michelle Andrews
- Jerry Lazaris

Gifts in Wills

We gratefully acknowledge those who have passed away and whose gift in will has been received in 2025-26.

- Peter E J Andrew
- Mary Elizabeth Black
- Maria Bordonaro
- William Patrick Caven
- Robert James Center
- Christiaan Domini
- Mary Grace Helsham
- Gregoire Hovsepian
- Russell William Hunter
- Doreen Ivanovski
- Barbara Jamrich
- Carol Naismith
- Rosanna Schiavone
- Margaret Mary Scott
- Robert James Smith
- Leonard Woodhouse
- Graham J Woods
- William George Wright

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.

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
- Arthur Lyndhurst Blannin Estate
- C D Lloyd Trust
- Charles Wright Charitable Trust
- D T M and Ethel Davies Memorial Fund
- Doris and Rupert Joseph Charitable Trust
- Edward Vernon Jones Charitable Trust
- Eliza Wallis Charitable Trust
- Elizabeth Stephens Bequest
- Ernest & Letitia Wears Memorial Trust Fund
- Ethel Mary Davenport Charitable Trust
- Flora Louisa Thompson Charitable Trust
- Florence Ernestine Isabel Smith Estate
- G L Godfree Bequest
- Harold and Cora Brennen Austin Hospital Patient Treatment Equipment Fund
- Helen Fookes Trust
- Helen Gyles Turner Samaritan Fund
- Henry Herbert Yoffa Estate
- Henty Louisa Estate
- Howard & Georgina Berry Benevolent Fund
- 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
- Martha Miranda Livingstone Fund
- Mary Symon Charitable Trust
- STAF Isabella Agnes Pritchard
- The Grant Bequest
- The Hyman Morris Trust
- Tivey Memorial Fund
- W E and M E Flanagan Charitable Trust
- William and Aileen Walsh Trust
- William and Mary Ievers & Sons Maintenance Fund
- William Andrew Bon Charitable Trust
- William Frederick Fletcher Charitable Trust
- William Hall Russell Trust Fund
- William Macrow Estate
- William Samuel Godfree Charitable Trust


Austin
HEALTH
Radiation
Oncology
Network

Austin Health Board Directors



Ross Cooke OAM
(BCom, CA)

Board Chair
Feb 2021 – present

Ross Cooke has over 40 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.

Ross is also chair of the Austin Health Remuneration Committee.



Tim Barta
(BA (Hons))

Director
July 2024 – present

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

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



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 and Remuneration Committee.



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, Greater Western Water and VENCorp, and a commissioner with the Victorian Competition and Efficiency Commission.

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.



Lee Hamley

(MBBS, FRACMA, MBA, GAICD)

Director
July 2023 – present

Dr Lee Hamley'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.

Lee is chair of the Austin Health Clinical Safety & Quality Committee, and a member of the Audit and Risk and People & Culture Committees.



Denise Heinjus OAM

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

Director
July 2024 – present

Denise Heinjus' 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 the chair of the Primary Care and Population Health Advisory Committee and a member of the Austin Health Clinical Safety and Quality Committee and Community 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 Fellow 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 the chair of the Austin Community Advisory Committee and a member of the Audit and Risk Committee and Remuneration Committee.



Fi Slaven

(BAppSc Nursing, Critical Care Certificate, GradDip Critical Care, GradDip Health Admin, MBA, GAICD, Fellow Governance Institute of Australia)

Director
July 2018 – present

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

Fi is also the chair and a non-Executive Director of the Spinal Research Institute and was a partner for 12+ years at an accounting and professional services firm and chair of their Risk Committee.

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.

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.

Fi is a member of the Austin Health Finance and Resources Committee, the People and Culture Committee and Remuneration Committee.



Brett West

Director
July 2025 – present

Brett West is a Yamatji (Aboriginal) man, whose traditional lands and waters are on the Northern Central Coast of Western Australia, a place he knows as Gutharraguda, but is now called Shark Bay.

Brett is currently a Senior Executive and has previously held senior positions in the Departments of Premier and Cabinet and Education and Training and the Victorian Public Sector Commission. Previously, he was a Public Servant in the Department of Defence and served in the Australian Defence Force for 30 years with Operational tours in South East Asia and the Middle East as an Explosives Engineer.

He is currently the Deputy Chair of the Victorian Veterans Council, a member of RSL Victoria's Veteran Affairs Sub-Committee and member of the Commissioner's Advisory Group for the Defence and Veterans' Service Commission.

Brett's interest in the Health sector comes from a drive to see better outcomes for First Nations people by improving the inclusiveness of Medical/Health services. He was fortunate to work with a number of Aboriginal Community Controlled Health Organisations (ACCHOs) while in education and has led an ADF contingent, known as Exercise Kummandoo, that provided Allied Health services to remote Aboriginal communities.

Brett has qualifications in Engineering, Education, Human Resources and Project Management.

Brett is a member of the Austin Health People and Culture Committee, Clinical Safety and Quality Committee and Primary Care and Population Health Committee.

Austin Health Board Committees 2025-26

Audit and Risk Committee 2025-26	
Dr Bruce Cohen	Chair
Joel Chibert	Member
Robyn McLeod	Member
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)
Tim Barta	Member (1 July 2025 to 31 December 2025)
Dr Lee Hamley	Member (1 January 2026 to 30 June 2026)

Finance and Resources Committee 2025-26	
Joel Chibert	Chair
Dr Bruce Cohen	Member
Fi Slaven	Member
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)
Tim Barta	Member (1 July 2025 to 31 December 2025)

People and Culture Committee 2025-26	
Fi Slaven	Chair
Dr Lee Hamley	Member
Tim Barta	Member
Brett West	Member
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)

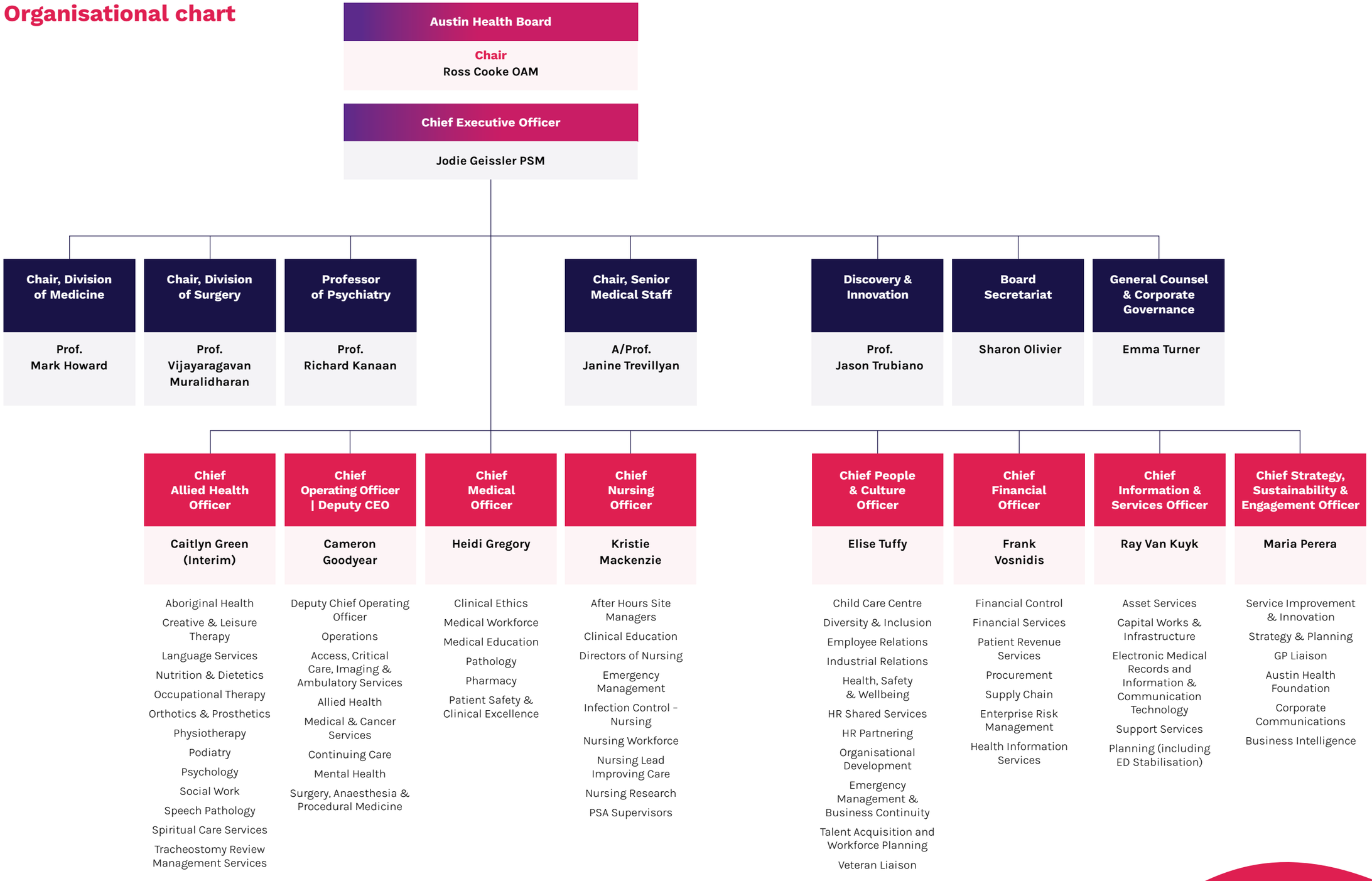
Remuneration Committee 2025-26	
Ross Cooke	Chair
Fi Slaven	Member
Robyn McLeod	Member
Joel Chibert	Member

Primary Care and Population Health Committee 2025-26	
Denise Heinjus	Chair
Tim Barta	Member
Brett West	Member
Dr Lee Hamley	Member (1 July 2025 to 31 December 2025)
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)
Ray Kelly	Consumer Member
Helen Robertson	Consumer Member

Clinical Safety and Quality Committee 2025-26	
Dr Lee Hamley	Chair
Dr Bruce Cohen	Member
Denise Heinjus	Member
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)
Penny Anderson	Consumer Member
Helen Robertson	Consumer Member

Community Advisory Committee 2025-26	
Robyn McLeod	Co-Chair
Ray Kelly	Consumer Co-Chair (1 July 2025 to 31 December 2025)
Rachel Woodlock	Consumer Co-Chair (11 March 2026 to 30 June 2026)
Ross Cooke	Member (1 July 2025 to 31 December 2025) and Ex Officio Member (1 January 2026 to 30 June 2026)
Denise Heinjus	Member
Brett West	Member
Fay Bellis	Consumer Member
Margaret Jack	Consumer Member
Maria McClusky	Consumer Member
Dr George Taleporos	Consumer Member
Dr Mario D'Cruz	Consumer Member
Assunta Chiera	Consumer Member
Ricki Spender	Consumer Member (10 September 2025 to 30 June 2026)
Chris Gray	Consumer Member (10 December 2025 to 30 June 2026)
Donna Ng	Consumer Member (3 June 2026 to 30 June 2026)
Fleur Taylor	Consumer Member (3 June 2026 to 30 June 2026)
Sara Sinada	Consumer Member (3 June 2026 to 30 June 2026)
Lucas Price	Consumer Member (3 June 2026 to 30 June 2026)

Organisational chart



Corporate information

Attestations

Financial Management Compliance

I, Ross Cooke, on behalf of the Board, 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,
21 September 2026

Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the report of operations for Austin Health for the year ending 30 June 2026.



Ross Cooke, Board Chair,
21 September 2026

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,
21 September 2026

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,
21 September 2026

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,
21 September 2026

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,
21 September 2026

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 2025-26, 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
Austin Health Harold Stokes Building Level 3 Endoscopy Redevelopment Project	Construction	93.965%	66	12,854	29,992
Wireless Network Replacement	Goods	0.9%	1	0	2
Refresh of Personal Computer (PC) Fleet Program	Goods	67%	0	2,200	5,000
Provision of Immunohematology Analysers	Goods	0%	6	0	3,247
Austin Health Food Services Logistics	Services	97%	0	0	33,306

[1] Small, medium enterprise

Social Procurement Framework

Austin Health launched the new Social Procurement Strategy 2023-27 this financial year. Three social procurement priority objectives have been identified in the new strategy:

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

Social Procurement Framework Report

SPF Objective	Outcome	Metric	No. of Suppliers	2025-26 (Actual)
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	Total expenditure with Victorian Aboriginal businesses	8	$76,105.00
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises	Total expenditure with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises	2	$3,359.00
Opportunities for Victorian priority jobseekers	Purchasing from Victorian social enterprises led by a social mission for job readiness and employment of Victorian priority jobseekers	Total expenditure with Victorian social enterprises led by a social mission for job readiness and employment of Victorian priority jobseekers	0	$0.00

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.
- Ensured any $3M+ tender activities included and considered social procurement outcomes and $20M+ tender activities had a Social Procurement Plan.

Disclosure of emergency procurements

Nil reports

Disclosure of procurement complaints

Nil reports

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/concession-rate-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.

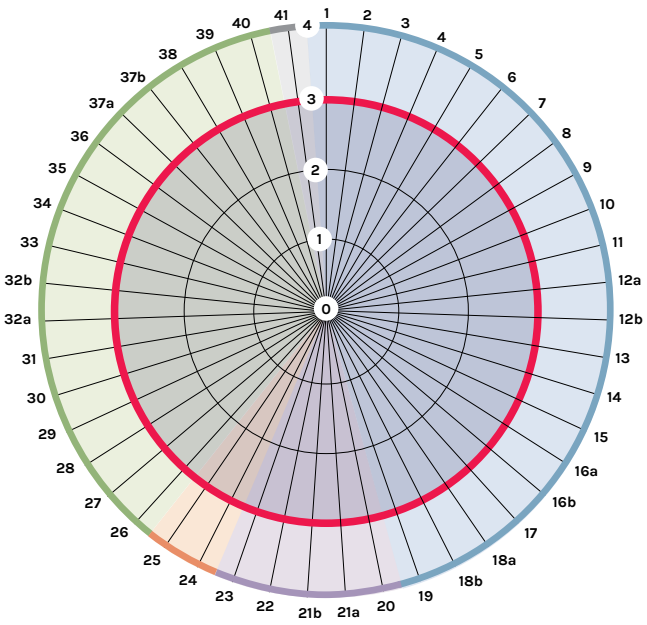
In line with the Ministerial Standing Directions, the annual AMAF compliance assessment has confirmed that Austin Health maintains full compliance across all asset categories for the reporting period 2025–26. Austin Health completed the self-assessment using the mandated Department of Treasury reporting 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 continues to work towards achieving gender equality. The new Gender Equality Action Plan 2026 was developed and implemented in alignment with the requirement from the Commission for Gender Equality in the Public Sector. A working group has been established to commence progressing the action plan. In addition, Austin completed our obligation to collect and compare workforce and employee experience data and a workplace audit and progress report were submitted. Compliance confirmation from the Commission for Gender Equality in the Public Sector is expected in October 2026, and will be published on the Austin Health website.

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 2025, the FOI application fee is $33.60. 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 2,017 Applications during 2025-26. Of these requests, 610 were non-personal (such as application from Insurance companies, Workcover, and UHG) and 1,407 were Personal Requests (including applications from patients, family members, lawyers).

Austin Health made 1,912 FOI decisions during the 12 months ended 30 June 2026.

Of the total decisions made:

- 1,710 granted access to documents in full
- 194 granted access in part
- 8 denied access in full.

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

During 2025-26, 6 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
Austin Health Mount Street offices
86-92 Mount Street
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 2025-26 is $45.8m with the details shown below:

Business as usual	Non business as usual expenditure		
Expenditure	**Total Non BAU**	**Operational Expenditure**	**Capital Expenditure**
40.3m	5.5m	2.7m	2.8m

Additional information available on request

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

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

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

This information is available on request from:

Austin Health Corporate Communications
communications@austin.org.au

Consultancies engaged during 2025-26

$10,000 or greater per consultancy

Number of consultancies: 3

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2025-26 (excl GST)	Future Expenditure (excl GST)
Insync Surveys Pty Ltd	Austin Health Board periodic external review of Board governance and effectiveness	Feb 2026	May 2026	$44,700	$44,700	-
Michelle Bissett	Service review	Oct 2025	Oct 2025	$18,921.61	$18,921.60	-
Juliette Alush Consulting	Service review	Jul 2025	Jul 2025	$12,000	$12,000	-
Totals					$75,621.60	$0

Less than $10,000 per consultancy

There were no consultancies engaged in 2025-26 of less than $10,000 per consultancy at a total cost of $0 and no future costs.

Workforce data

	June current month FTE		Average monthly FTE	
Hospital labour category	**2025**	**2026**	**2025**	**2026**
Nursing	2,875	2,839	2,864	2,808
Administration & Clerical	1,055	1,052	1,065	1,039
Medical Support	768	835	770	808
Hotel & Allied Services	574	590	575	581
Medical Officers	149	141	151	144
Hospital Medical Officers	665	710	662	683
Sessional Clinicians	272	283	254	278
Ancillary Staff (Allied Health)	825	892	808	866

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	2023-24	2024-25	2025-26
Reported hazards/incidents per 100 FTE[1]	16.07	27.91	38.3
Number of lost time standard WorkCover claims for the year per 100 FTE	1.10	0.83	1.15
The average cost per WorkCover claim for the year	$68,560	$120,308	$71,113

[1] FTE stands for 'full time equivalent'.

Occupational violence data

Occupational violence statistics	2025-26
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	1.11
Number of occupational violence incidents reported	936
Number of occupational violence incidents reported per 100 FTE	12.63
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	47.6%

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 2025-2026.
- **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	2025-26	2024-25	2023-24
G1 Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)			
Carbon Dioxide	12,582.11	12,980.58	11,279.51
Methane	23.64	24.46	21.24
Nitrous Oxide	9.50	9.69	8.34
Total	**12,615.24**	**13,014.73**	**11,309.09**
Scope 1 GHG emissions from stationary fuel (F2 Scope 1) (t CO2-e)	**12,123.21**	**12,552.16**	**10,895.14**
Scope 1 GHG emissions from vehicle fleet (T3 Scope 1) (t CO2-e)	**492.03**	**462.57**	**413.95**
Medical/Refrigerant gases			
Total Scope 1 (direct) greenhouse gas emissions (t CO2-e)	**12,615.24**	**13,014.73**	**11,309.09**
G2 Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)			
Electricity	29,958.08	30,206.59	31,110.23
Total Scope 2 (indirect electricity) greenhouse gas emissions (t CO2-e)	**29,958.08**	**30,206.59**	**31,110.23**
G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel and waste disposal (t CO2-e)			
Commercial air travel			
Waste emissions (WR5)	2,751.89	2,821.44	2,775.20
Indirect emissions from Stationary Energy	5,009.44	5,076.49	4,686.50
Indirect emissions from Transport Energy	123.09	115.54	103.68
Paper emissions			
Water emissions	367.80	460.38	428.18
Any other Scope 3 emissions	0.00	0.00	0.00
Total Scope 3 greenhouse gas emissions (t CO2-e)	**8,252.22**	**8,473.83**	**7,993.55**
G(Opt) Net greenhouse gas emissions (t CO2-e)			
Gross greenhouse gas emissions (G1 + G2 + G3) (t CO2-e)	**50,825.54**	**51,695.16**	**50,412.87**
Total gross reported greenhouse gas emissions per bed-day (t CO2-e/OBD)	0.14	0.14	0.13
Carbon Neutral Electricity	0.00	0.00	0.00
Green Power Electricity	0.00	0.00	0.00
Purchased LGCs	-34,773.07	0.00	0.00
Any Reduction Measures Offsets purchased (EL4-related)	**-34,773.07**	**0.00**	**0.00**
Any Offsets purchased	**-34,773.07**		
Net greenhouse gas emissions (t CO2-e)	**16,052.46**	**51,695.16**	**50,412.87**

Electricity use	2025-26	2024-25	2023-24
EL1 Total electricity consumption segmented by source (MWh)			
Purchased	45,054.55	45,808.01	47,300.11
Self-generated	761.57	429.92	44.25
EL1 Total electricity consumption (MWh)	**45,816.13**	**46,237.93**	**47,344.36**
EL2 On-site electricity generated (MWh) segmented by:			
Consumption behind-the-meter			
Solar Electricity	761.57	429.92	44.25
Total Consumption behind-the-meter (MWh)	**761.57**	**429.92**	**44.25**
Exports			
Solar Electricity	25.05		
Total Electricity exported (MWh)	**25.05**		
EL2 Total On-site electricity generated (MWh)	**786.62**	**429.92**	**44.25**
EL3 On-site installed generation capacity (kW converted to MW) segmented by:			
Diesel Generator	15.92	15.92	15.92
Solar System	0.33	0.33	0.30
EL3 Total On-site installed generation capacity (MW)	**16.25**	**16.25**	**16.22**
EL4 Total electricity offsets segmented by offset type (MWh)			
LGCs voluntarily retired on the entity's behalf	37,796.82		
RPP (Renewable Power Percentage in the grid)	8,069.27	8,386.11	8,873.32
EL4 Total electricity offsets (MWh)	**45,054.55**	**8,386.11**	**8,873.32**

Stationary energy	2025-26	2024-25	2023-24
F1 Total fuels used in buildings and machinery segmented by fuel type (MJ)			
Natural gas	235,265,135.11	243,589,365.46	211,433,024.81
F1 Total fuels used in buildings (MJ)	**235,265,135.11**	**243,589,365.46**	**211,433,024.81**
F2 Greenhouse gas emissions from stationary fuel consumption segmented by fuel type (t CO2-e)			
Natural gas	12,123.21	12,552.16	10,895.14
F2 Greenhouse gas emissions from stationary fuel consumption (t CO2-e)	**12,123.21**	**12,552.16**	**10,895.14**

Transportation energy	2025-26	2024-25	2023-24
T1 Total energy used in transportation (vehicle fleet) within the Entity, segmented by fuel type (MJ)			
Non-executive fleet - Gasoline	3,751,056.00	3,207,970.20	3,358,121.70
Petrol	**3,751,056.00**	**3,207,970.20**	**3,358,121.70**
Non-executive fleet - E10		4,716.60	3,318.50
Petrol (E10)		**4,716.60**	**3,318.50**
Non-executive fleet - Diesel	3,385,644.60	3,484,788.70	2,651,160.00
Diesel	**3,385,644.60**	**3,484,788.70**	**2,651,160.00**
Total energy used in transportation (vehicle fleet) (MJ)	**7,136,700.60**	**6,697,475.50**	**6,012,600.20**
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 (t CO2-e)			
Non-executive fleet - Gasoline	253.65	216.92	227.08
Petrol	**253.65**	**216.92**	**227.08**
Non-executive fleet - E10		0.29	0.20
Petrol (E10)		**0.29**	**0.20**
Non-executive fleet - Diesel	238.38	245.36	186.67
Diesel	**238.38**	**245.36**	**186.67**
Total Greenhouse gas emissions from transportation (vehicle fleet) (t CO2-e)	**492.03**	**462.57**	**413.95**

Total energy use	2025-26	2024-25	2023-24
E1 Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)			
Total energy usage from stationary fuels (F1) (MJ)	235,265,135.11	243,589,365.46	211,433,024.81
Total energy usage from transport (T1) (MJ)	7,136,700.60	6,697,475.50	6,012,600.20
Total energy usage from fuels, including stationary fuels (F1) and transport fuels (T1) (MJ)	**242,401,835.71**	**250,286,840.96**	**217,445,625.01**
E2 Total energy usage from electricity (MJ)			
Total energy usage from electricity (MJ)	164,938,056.84	166,456,535.84	170,439,692.02
E3 Total energy usage segmented by renewable and non-renewable sources (MJ)			
Renewable	164,938,056.96	31,738,192.10	32,103,588.98
Non-renewable (E1 + E2 - E3 Renewable)	242,401,835.60	385,005,184.71	355,781,728.06
E4 Units of Stationary Energy used normalised: (F1+E2)/normaliser			
Energy per unit of Aged Care OBD (MJ/Aged Care OBD)	2,211,067.36	691,477.07	211,446.69
Energy per unit of LOS (MJ/LOS)	1,075.05	1,105.90	1,011.37
Energy per unit of bed-day (LOS+Aged Care OBD) (MJ/OBD)	1,074.53	1,104.13	1,006.56
Energy per unit of Separations (MJ/Separations)	3,093.64	3,217.18	2,995.01
Energy per unit of floor space (MJ/m2)	1,293.18	1,330.74	1,239.31

Water use	2025-26	2024-25	2023-24
W1 Total units of metered water consumed by water source (kL)			
Potable water (kL)	262,194.18	281,452.07	255,157.90
Total units of water consumed (kL)	**262,194.18**	**281,452.07**	**255,157.90**
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)	1,448.59	474.62	141.28
Water per unit of LOS (kL/LOS)	0.70	0.76	0.68
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.70	0.76	0.67
Water per unit of Separations (kL/Separations)	2.03	2.21	2.00
Water per unit of floor space (kL/m2)	0.85	0.91	0.83

Waste and recycling	2025-26	2024-25	2023-24
WR1 Total units of waste disposed of by waste stream and disposal method (kg)			
Landfill (total)			
General waste - bins	142,456.00	154,831.00	127,999.00
General waste - compactors	1,538,979.00	1,688,267.00	1,680,556.00
General waste - skips	54,820.00	68,980.00	39,900.00
Miscellaneous Waste Costs	114,172.00		
Offsite treatment			
Clinical waste - incinerated	345,659.00	334,746.00	368,719.67
Clinical waste - sharps	32,690.00	31,917.00	32,554.52
Clinical waste - treated			4,346.28
Recycling/recovery (disposal)			
Batteries	3,222.00	4,657.00	4,466.00
Cardboard	170,152.00	131,316.00	143,739.50
Commingled	31,252.00	41,103.00	31,260.00
E-waste	7,560.00	11,920.00	12,590.00
Fluorescent tubes	512.00	1,014.00	921.00
Grease traps	104,132.15	102,267.85	93,200.00
Metals	24,443.00	21,850.00	15,512.00
Organics (food)	6,720.00	483.00	
Organics (garden)	22,960.00		
Packaging plastics/films	10,565.00	4,078.00	4,223.00
Paper (confidential)	141,231.00	131,300.00	117,169.00
PVC			486.00
Reused Beds and Furniture	1,212.00		
Reused Medical Supplies and Equipment	3,708.00	352.00	203.50
Reused Textiles	38.00		
Toner & print cartridges	581.00	623.00	529.08
Wood	18,281.00	10,307.25	6,113.00
Total units of waste disposed (kg)	**2,775,345.15**	**2,740,012.10**	**2,684,487.55**

Waste and recycling	2025-26	2024-25	2023-24
WR1 Total units of waste disposed of by waste stream and disposal method (%)			
Landfill (total)			
General waste	66.67%	69.78%	68.86%
Offsite treatment			
Clinical waste - incinerated	12.45%	12.22%	13.74%
Clinical waste - sharps	1.18%	1.16%	1.21%
Clinical waste - treated			0.16%
Recycling/recovery (disposal)			
Batteries	0.12%	0.17%	0.17%
Cardboard	6.13%	4.79%	5.35%
Commingled	1.13%	1.50%	1.16%
E-waste	0.27%	0.44%	0.47%
Fluorescent tubes	0.02%	0.04%	0.03%
Grease traps	3.75%	3.73%	3.47%
Metals	0.88%	0.80%	0.58%
Organics (food)	0.24%	0.02%	
Organics (garden)	0.83%		
Packaging plastics/films	0.38%	0.15%	0.16%
Paper (confidential)	5.09%	4.79%	4.36%
PVC			0.02%
Reused Beds and Furniture	0.04%		
Reused Medical Supplies and Equipment	0.13%	0.01%	0.01%
Reused Textiles	0.00%		
Toner & print cartridges	0.02%	0.02%	0.02%
Wood	0.66%	0.38%	0.23%
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			

Waste and recycling	2025-26	2024-25	2023-24
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)	3.14	3.26	3.11
Total waste to offsite treatment per patient treated ((kg offsite treatment)/PPT)	0.64	0.62	0.68
Total waste recycled and reused per patient treated ((kg recycled and reused)/PPT)	0.93	0.79	0.72
WR4 Recycling rate (%)			
Weight of recyclable and organic materials (kg)	546,569.15	461,271.10	430,412.08
Weight of total waste (kg)	2,775,345.15	2,740,012.10	2,684,487.55
Recycling rate (%)	**19.69%**	**16.83%**	**16.03%**
WR5 Greenhouse gas emissions associated with waste disposal (t CO2-e)			
t CO2-e	2,751.89	2,821.44	2,775.20

Normalisation factors	2025-26	2024-25	2023-24
1000km (Corporate)			
1000km (Non-emergency)			
Aged Care OBD	181.00	593.00	1,806.00
ED Departures	88,321.00	88,406.00	86,934.00
FTE	7,399.00	7,188.00	7,295.00
LOS	372,263.00	370,781.00	377,578.00
OBD	372,444.00	371,374.00	379,384.00
PPT	590,128.00	587,235.00	593,821.00
Separations	129,363.00	127,455.00	127,503.00
TotalAreaM2	309,473.00	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).

2025-26 Statement of Priorities

Part A: Strategic Priorities

Innovate and improve access and care

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

Goal	Austin Health deliverables	Achievements/Outcome
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	**Achieved** The Consumer Collaborative has been established to bring together Austin Health Consumer Partners to provide real-time feedback on projects, materials, and improvement work through a lived experience lens. The Collaborative enables staff to share early designs, resources or improvement ideas and receive practical feedback from Austin Health Consumer Partners.
	Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	**Achieved** The Austin Health Patient Safety and Clinical Excellence Framework was reviewed and updated in 2025-26 to ensure alignment with the Safer Care Victoria (SCV) Victorian Clinical Governance Framework (2024). Austin Health's Framework has been renamed as the Clinical Governance Framework, and encompasses five key domains: • Leadership and culture • Partnering with consumers • Clinical practice • Workforce • Risk management The Framework supports care teams to monitor safety outcomes, improve quality, and prevent avoidable harm while delivering high quality care.
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	**Achieved** Austin Health has published a revised Austin Health Improvement and Innovation Framework which seeks to embed a systematic approach to improvement built on four pillars: governance and reporting, methodology, capacity and capability, as well as culture.
Improve access to timely emergency care by implementing system-wide patient flow strategies that reduce emergency department wait times and improve ambulance-to-hospital transfer times.	Implement all relevant standards outlined in the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) for Victorians and the accompanying Implementation Guide.	**Achieved** Following a self-assessment against the standards and identification of priority areas for improvement, a number of initiatives have been successfully implemented. Improvement in ambulance offload performance continues to be sustained, supported by a strong, ongoing collaborative partnership with Ambulance Victoria.

Part A: Strategic Priorities (continued)

Innovate and improve access and care *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Maintain a commitment to delivering equitable and timely access to planned care and drive reform in alignment with the Planned Surgery Reform Blueprint.	Implement and scale theatre optimisation initiatives in planned surgery, for example same-day surgery and same-day surgery by default models of care, criteria-led discharge, monitoring of theatre measures, and high-throughput approaches such as high-intensity theatre lists.	**Ongoing** The Patient Support Unit is leading the implementation and delivery of several theatre optimisation initiatives that support equitable and timely access to planned surgery. A number of Enhanced Recovery After Surgery (ERAS) pathways have been developed and implemented. The ERAS pathways optimise patients' health before surgery, and aim to improve outcomes and support earlier recovery. The most recent ERAS pathway introduced – Robotic prostatectomy – has reduced length of stay by 45%. High-intensity theatre lists have consistently achieved higher volume throughput than regular lists, and as a result are now embedded as BAU activity. A plastics trauma pathway for appropriate patients presenting to the Emergency Department has also been developed, with the aim of improving access to surgical care and improving patient experience.
	Proactively manage planned surgery and specialist clinics (or outpatients) waitlists, for example validating and supporting patients into optimal care pathways such as evidence-based alternatives to surgery and optimisation pathways. A particular focus should be applied to long-waiting patients and priority population groups (for example, Aboriginal and Torres Strait Islander patients and under-18 patients).	**Ongoing** Several initiatives have been undertaken to proactively manage planned surgery and specialist clinics waitlists, with digital innovation, workforce redesign, and other improvements underway. Specialist clinics waitlist auditing and validation continues, to support consistent practice and alignment with the Non-Admitted Specialist Services Access Policy. Planned surgery preparation list validation has been incorporated into BAU activity. Innovative roles and models of care are providing proactive care coordination of long waiting and high-risk patients, reducing the number of planned surgery patients waiting longer than clinically recommended, and supporting more timely access to surveillance appointments. New specialist clinics pathways have been developed and implemented, contributing to reduced waiting times for specialist clinics and improved conversion to planned surgery. Allied Health led clinics have been established in targeted clinical services to identify and deliver care to patients who would otherwise be waiting for a surgical specialist clinic appointment.

Part A: Strategic Priorities (continued)

Innovate and improve access and care *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	Progress mental health reform: Implement mental health services per department guidelines, and engage in reform related initiatives to improve access to community mental health services, crisis reforms, headspace integration, youth and adolescent inpatient care, catchment removal as well as infant, child and youth age streaming.	**Ongoing** The Mental Health Division is supporting the Next Phase of Reform by establishing new services that aim to keep people well in their communities and reduce demand on acute mental health services. The Older Adult Community Service has been established in response to the growing need for developmentally appropriate mental health care for older adults experiencing complex presentations, including mental illness, alongside frailty, cognitive impairment, chronic medical conditions and psychosocial vulnerability. Care will primarily be delivered in the consumer's place of residence, supporting Austin Health's commitment to delivering care closer to home and promoting ageing in place. The Youth Crisis Assessment and Treatment Team provides urgent crisis intervention or intensive support in the community for children and young people in acute distress. The primary objective of the service is to avoid deterioration requiring presentation to an Emergency Department, or an inpatient admission.
	Partner with Safer Care Victoria in one or more mental health improvement programs: elimination of restrictive intervention, improving sexual safety, implementation of the zero suicide framework and reducing compulsory treatment.	**Ongoing** The Austin Health Mental Health Division has re-engaged with SCV following their restructure, to partner to deliver improvement programs. The Adult Psychiatric Unit and Adolescent Psychiatric Inpatient Units are participating in the SCV Mental Health Improvement Program: Towards Elimination of Restrictive Practices, which aims to reduce the use of restrictive interventions across mental health services. The Handover Involving Patients Provides Opportunities (HIPPO) initiative aims to create a calmer more connected environment, resulting in fewer restrictive practices. Through their participation in handover, consumers have reported feeling more empowered and involved in their care. A safety huddle, developed collaboratively with consumers and the multidisciplinary team, has been implemented in the Adolescent Inpatient Psychiatry Unit, and is now embedded into practice.

Part A: Strategic Priorities (continued)

Innovate and improve access and care *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Support the implementation of the "Next Phase of Reform" to deliver inclusive, personalised, compassionate, integrated mental health and wellbeing care in the community.	Progress partnerships, whether through a formal partnership, MoU or exchange of letters, with local community based mental health services (including Mental Health and Wellbeing Locals, Headspace and other local NGO providers) and deliver initiatives that align with the objectives of the *Mental Health and Wellbeing Act 2022*, and in accordance with the priorities outlined in Victoria's next phase of reform for Mental Health and Wellbeing.	**Achieved** The Mental Health Division has a number of formal partnerships in place with community based mental health services. The Heidelberg Youth Prevention and Recovery Care (YPARC) Centre, officially opened in February 2026, is delivered in partnership with Mind Australia, and provides around-the-clock treatment, care and support to young people aged 16 to 25 who are experiencing mental health challenges and/or psychological distress. Additional opportunities for partnerships with local community based mental health services continue to be explored.

Prudent, sustainable and effective use of resources

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

Goal	Austin Health deliverables	Achievements/Outcome
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	**Achieved** The forecasted end year target has been achieved. Further work is being undertaken to continue progressing work on initiatives planned for FY27.
	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.	**Ongoing** Evidence based decision making to improve financial sustainability and operational performance, and increase accountability, are being supported by the utilisation of insights on performance in key domains provided by newly developed scorecards. A monthly follow up of activity, cost analysis and the development of recovery plans for any adverse events is being undertaken.

Part A: Strategic Priorities (continued)

Prudent, sustainable and effective use of resources *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	**Achieved** During 2025-26, Austin Health progressed a coordinated program of work to optimise patient flow, and reduce reliance on inpatient care by expanding alternative models of care. This included ongoing consolidation and expansion of home and virtual-based services, with continued growth of the Better at Home program and the establishment of our Virtual Hospital, enabling more patients to receive care in their preferred setting and reducing the risk of functional decline associated with hospitalisation. In parallel, our Patient Support Unit and surgical teams led further innovations in the delivery of planned surgery, including increased use of robotic surgery, to support earlier recovery and discharge. Austin Health also successfully repatriated surgical activity previously outsourced to private hospitals. Collectively, these strategies have improved access and patient experience, and strengthened both clinical outcomes and efficiency.

A stronger workforce

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

Goal	Austin Health deliverables	Achievements/Outcome
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the *Gender Equality Act 2020* by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	**Achieved** Austin Health's People Strategy 2023-27 includes key actions that are designed to improve the employee experience across the four focus areas. In 2025-26, programs and achievements have included: • Delivery of a number of leadership programs designed to build the capability of our existing leaders, and those preparing for future leadership and influencing-based leadership roles. Austin Health's Frontline Leadership Development Program has been recognised as a national finalist in the 2026 Australian Institute of Training and Development (AITD) Excellence Awards. The program was shortlisted in the Best Leadership Development Program category, with finalists representing leading organisations from across Australia.

Part A: Strategic Priorities (continued)

A stronger workforce *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the *Gender Equality Act 2020* by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	*Continued from previous page* • 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, 14 senior medical practitioners have participated in the program. • 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. • The annual staff wellbeing festival, which provides staff with an opportunity to connect with colleagues and take some time to pause, rest and recover. • Development of succession plans for executive and senior leadership roles.
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	**Ongoing** Austin Health has collaborated with the Department of Health to strengthen and sustain the health workforce through North Metro and Mitchell Local Health Service Network regional workforce planning. A Network workforce profile was undertaken to capture the existing workforce and vacancies. A workforce plan has been developed to identify opportunities to collaborate on workforce activities, improve workforce outcomes and utilisation, and to share workforce data to enhance workforce planning.

Improving Aboriginal health and wellbeing

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

Goal	Austin Health deliverables	Achievements/Outcome
Enhance delivery and access to culturally safe services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	**Ongoing** Austin Health has engaged an external First Nations-led provider to deliver cultural safety training and education to Board and Executive members. This training has been scheduled for late 2026. All staff training will be reviewed upon completion of the Board and Executive training programs. We are currently awaiting release of the Department of Health Cultural Safety Training package. Implementation of all staff training will be assisted by the recruitment of a dedicated First Nations Education Lead.

Part A: Strategic Priorities (continued)

Improving Aboriginal health and wellbeing *continued*

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

Goal	Austin Health deliverables	Achievements/Outcome
Enhance delivery and access to culturally safe services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	**Ongoing** The Austin Health CEO and Director of First Nations Health have initiated relationship-building with key Aboriginal Community-Controlled Organisations, including the Victorian Aboriginal Health Service and the Victorian Aboriginal Community Controlled Health Organisation. These relationships are anticipated to strengthen collaboration, improve alignment with community-identified priorities, and support the co-design of culturally safe care pathways and services. The CEO and Director of First Nations Health attended the Aboriginal Health and Wellbeing Partnership Forum, participating in a panel discussion to strengthen sector engagement and visibility. An Aboriginal community member has been appointed to the Community Advisory Committee, embedding Aboriginal consumer voice in governance and decision-making.
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	**Ongoing** Targeted initiatives aimed at improving the accuracy and consistency of identification of Aboriginal and Torres Strait Islander patients have been undertaken. These initiatives were undertaken to improve processes across Emergency Department presentations and inpatient admissions. Collaborative improvement work was undertaken between the Emergency Department, the Ngarra Jarra Aboriginal Health Unit team and community representatives to improve identification and care pathways for First Nations patients. This included initiatives to improve culturally safe identification practices, alongside exploration and implementation of targeted pathway improvements such as minimum triage category application, enhanced access to Aboriginal Health Liaison Officer (AHLO) support, and consideration of alternative models of care including Short Stay Unit utilisation and other diversion pathways. The full impact of these initiatives will be evaluated as implementation progresses. Additionally, a pilot program embedding identity questions into nursing admission workflows (9 West completed; 5 West underway) resulted in increased documentation of First Nations status, improved staff confidence and nil reported negative patient impacts. Work is underway to improve integration between TrakCare and Cerner to identify information that can be documented at the point of care.

Part A: Strategic Priorities (continued)

Moving from competition to collaboration

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

Goal	Austin Health deliverables	Achievements/Outcome
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	**Ongoing** Most of the initiatives across the priority areas in the North Metro and Mitchell Local Health Service Network Statement of Expectations are either complete or progressing well. Three major pieces of work have been achieved since the Network was established: • Development of the Clinical Service Plan Part A • Development of the Network Workforce Plan • Clinical Governance maturity self-assessment This significant progress has been achieved through strong collaboration and a shared goal of delivering integrated, sustainable, and high-quality care for our community. Timelines for the Mental Health and Wellbeing Collaboration Plan have been extended, and the Department of Health has recently provided additional guidance and recommended elements for its development.

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%	86%
Continuing care		
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645	0.538
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	Not applicable
Patient experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	95.5%
Aboriginal Health		
Difference between the percentage of Aboriginal patients and non-Aboriginal patients who left against medical advice	0%	2%
Difference between the percentage of Aboriginal patients and non-Aboriginal patients presenting to ED who did not wait to be treated	0%	3%
Mental Health patient experience		
Percentage of consumers who rated their overall experience with a service in the last three months as positive	80%	73.9%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%	50.2%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%	72.9%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%	85.8
Mental Health follow-ups, readmissions and seclusions		
Percentage of consumers followed up within 7 days of separation – inpatient	88%	86%
Percentage of consumers readmitted within 28 days of separation – inpatient	< 14%	12%
Rate of seclusion episodes per 1,000 occupied bed days – inpatient	≤ 6	10.8

Part B: Performance Priorities (continued)

Strong governance, leadership and culture

Key Performance Measure	Target	Result
Organisational culture		
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	80%	76%[2]

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%	86.2%
Number of patients admitted from the planned surgery waiting list	13,600	13,742
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	28%
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% from prior year	1.72
Emergency care		
Percentage of patients transferred from ambulance to emergency department within 40 minutes	4% improvement from the same time last year	77%
Number of emergency patients with a length of stay in the emergency department greater than 24 hours	Zero	Achieved
Average ED length of stay (LOS) for admitted patients, in minutes	Avg LOS <414 minutes or, if not met, a 5% improvement from the same time last year	528
Average ED length of stay (LOS) for non-admitted patients, in minutes	Avg LOS <240 minutes or, if not met, a 3% improvement from the same time last year	279
Mental Health		
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	65%	24%
Percentage of departures from emergency departments to a mental health bed within 8 hours	80%	50%
Number of admitted mental health occupied bed days	31,342	29,077
Number of community mental health service hours	89,226	75,234

Part B: Performance Priorities (continued)

Timely access to care *continued*

Key Performance Measure	Target	Result
Specialist Clinics		
Percentage of patients referred by a GP or external specialist who attended a first appointment within the recommended timeframe[3]	95%	74.2%
Home Based Care		
Percentage of admitted bed days delivered at home	7.9%	9.1%

Effective financial management

Key Performance Measure	Target	Result
Operating result ($m)	0.00	0.20
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.7
Variance between the forecast and actual operating result (OR) as a percentage of the forecast OR for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Achieved

All data published in the Annual Report is accurate at the time of publishing. Data may change following audit and data verification, which may not be finalised at the time of publishing.

Part C: Activity and Funding

Funding type	2025-26 activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	157,133
Community mental health NWAU	5,100
Acute Admitted	
Acute admitted DVA	569
Acute admitted TAC	644
Acute Non-Admitted	
Radiotherapy WAUs DVA	581
Radiotherapy WAUs Public	101,407
Subacute/Non-Acute, Admitted & Non-admitted	
Subacute NWAU – DVA	137
Transition Care – Bed days	7,466
Transition Care – Home days	10.946
Mental Health and Drug Services	
Mental Health Ambulatory	6,289
Mental Health Inpatient – Available bed days (non NWAU)	8,760
Mental Health Subacute	16,983
Drug Services	Result not available
Other	
NFC – Transplants – Paediatric Liver	7.2[4]

[1] Reporting period 7 April to 15 August 2025.
[2] Changes to the 2025-26 Health Sector People Matter Survey has affected the 'Percentage of staff with an overall positive response to safety culture survey questions' measure. Historical results are not directly comparable and should be interpreted with consideration of a break in the time series.
[3] 30 days for urgent patients, 365 days for routine patients.
[4] Equates to 16 paediatric liver transplants.



Financial summary

Austin Health ended the financial year with an operating surplus of $0.2 million, exceeding the Statement of Priorities breakeven target.

This result reflects Austin Health's achievement of its annual Statement of Priorities activity target, ongoing focus on financial sustainability and operational efficiency, and continued delivery against strategic priorities.

The Emergency Department expansion, delivered by the Victorian Health Building Authority in partnership with Austin Health, was funded through capital income. The expansion will increase capacity and support the delivery of exceptional care to a growing community.

Austin Health continues to have significant ongoing requirements for investment in property, plant and equipment. Capital-related transactions contributed to a net result from transactions deficit of $48.5 million.

This result reflects $90.9 million in capital and other income and $9.9 million in expenditure for capital and other purposes, offset by $129.6 million in depreciation and amortisation.

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

	2026 $'000	2025 $'000	2024 $'000	2023 $'000	2022 $'000
Operating result*	**196**	**111**	**131**	**229**	**41**
Total revenue	1,719,763	1,596,322	1,477,078	1,374,435	1,230,943
Total expenses	(1,768,291)	(1,738,276)	(1,508,399)	(1,403,546)	(1,274,067)
Net result from transactions	**(48,528)**	**(141,954)**	**(31,322)**	**(29,111)**	**(43,124)**
Total other economic flows	13,666	(4,190)	(12,278)	(2,124)	7,362
Net result	**(34,862)**	**(146,144)**	**(43,600)**	**(31,235)**	**(35,762)**
Total assets	2,111,747	2,114,668	1,683,206	1,702,542	1,654,558
Total liabilities	613,482	581,541	506,858	482,594	410,419
Net assets/Total equity	**1,498,264**	**1,533,127**	**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.

	2026 $'000
Operating result	**196**
Capital and other income	90,885
Expenditure for capital and other purpose	(9,978)
Depreciation and amortisation	(129,630)
Net result from transactions	**(48,528)**

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.

Legislation	Requirement	Page
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	2
FRD 22	Purpose, functions, powers and duties	8–11
FRD 22	Nature and range of services provided	8–11
FRD 22	Activities, programs and achievements for the reporting period	4–7
FRD 22	Significant changes in key initiatives and expectations for the future	15–25
Management and structure		
FRD 22	Organisational structure	58–59
FRD 22	Workforce data/employment and conduct principles	66
FRD 22	Occupational Health and Safety	67
Financial and other information		
FRD 22	Summary of the financial results for the year	89
FRD 22	Significant changes in financial position during the year	89
FRD 22	Operational and budgetary objectives and performance against objectives	76–87
FRD 22	Subsequent events	89
FRD 22	Details of consultancies under $10,000	66
FRD 22	Details of consultancies over $10,000	66
FRD 22	Disclosure of ICT expenditure	64
FRD 22	Asset Management Accountability Framework	63
FRD 22	Disclosure of social procurement activities under the Social Procurement Framework	62
FRD 22	Application and operation of *Freedom of Information Act 1982*	64
FRD 22	Compliance with building and maintenance provisions of *Building Act 1993*	63
FRD 22	Application and operation of *Public Interest Disclosure Act 2012*	61
FRD 22	Statement on National Competition Policy	61
FRD 22	Application and operation of *Carers Recognition Act 2012*	63
FRD 22	Additional information available on request	65
FRD 24	Environmental data reporting	68–74
FRD 25	*Local Jobs First Act 2023* disclosures	61

Legislation	Requirement	Page
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	60
SD 5.2.3	Declaration in Report of Operations	60
	Attestation on Data Integrity	60
	Attestation on managing Conflicts of Interest	60
	Attestation on Integrity, fraud and corruption	60
	Compliance with HealthShare Victoria (HSV) Purchasing Policies	60
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025–2026	76–87
	Occupational Violence reporting	67
	Gender Equality Act 2020	64
	Reporting obligations under the *Safe Patient Care Act 2015*	63
	Reporting of compliance regarding Car Parking Fees (if applicable)	62
Legislation		
	Freedom of Information Act 1982 (Vic) (FOI Act)	64
	Building Act 1993	63
	Public Interest Disclosures Act 2012	61
	Carers Recognition Act 2012	63
	Local Jobs Act 2003	61
	Financial Management Act 1994	60


Austin
HEALTH
RAHUL
DOCTOR

Financials

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

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2026 and the financial position of Austin Health at 30 June 2026.

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, 21 September 2026



Jodie Geissler
Chief Executive Officer

Melbourne, 21 September 2026



Frank Vosnidis
Chief Financial Officer

Melbourne, 21 September 2026

Independent Auditor's Report

Victorian Auditor-General's Office

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 2026 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to the financial statements, including material accounting policy information • Board 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 2026 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the health service in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Board's responsibilities for the financial report	The Board of the health service is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Financial Management Act 1994, and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board is responsible for assessing the health service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.

Auditor's responsibilities for the audit of the financial report

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

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

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

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



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
23 September 2026

Financial Statements and Notes

Table of Contents

Note		Page
	Comprehensive operating statement	98
	Balance sheet	99
	Statement of changes in equity	100
	Cash flow statement	101
Note 1: Basis of preparation		**102**
	1.1 Basis of preparation	102
	1.2 Material accounting estimates and judgements	103
	1.3 Accounting standards issued but not yet effective	103
	1.4 Reporting Entity	104
	1.5 Economic dependency	104
Note 2: Funding delivery of our services		**105**
	2.1 Revenue and income from transactions	105–108
Note 3: The cost of delivering our services		**109**
	3.1 Expenses incurred in the delivery of services	110–113
Note 4: Key assets to support service delivery		**114**
	4.1 Property, plant and equipment	115–116
	4.2 Depreciation and amortisation	117–118
	4.3 Impairment of assets	118
Note 5: Other assets and liabilities		**119**
	5.1 Receivables	120–121
	5.2 Contract assets	121
	5.3 Payables	122–123
	5.4 Contract liabilities	123

Note	Page
Note 6: How we finance our operations	**124**
6.1 Borrowings	125–128
6.2 Cash and cash equivalents	129
6.3 Commitments for expenditure	129
Note 7: Risks, contingents and valuation uncertainties	**130**
7.1 Financial instruments	131–132
7.2 Financial risk management objectives and policies	133–135
7.3 Contingent assets and contingent liabilities	135
7.4 Fair value determination	136–139
Note 8: Other disclosures	**140**
8.1 Reconciliation of net result for the year to net cash flow from operating activities	140
8.2 Responsible persons disclosure	141
8.3 Remuneration of executives	142
8.4 Related parties	143–144
8.5 Remuneration of auditors	145
8.6 Ex-gratia expenses	145
8.7 Events occurring after the balance sheet date	145
8.8 Equity	145

Comprehensive operating statement

for the financial year ended 30 June 2026

	Note	2026 $'000	2025 $'000
Revenue and income from transactions			
Revenue from contracts with customers	2.1 (a)	1,561,286	1,506,889
Government Grants	2.1 (b)	114,728	46,412
Other sources of income	2.1 (c)	43,749	43,022
Total revenue and income from transactions		**1,719,763**	**1,596,322**
Expenses from transactions			
Employee expenses	3.1 (a)	(1,210,771)	(1,162,785)
Depreciation and amortisation	4.2	(129,630)	(151,498)
Supplies and consumables	3.1 (d)	(224,150)	(204,372)
Other operating expenses	3.1 (e)	(203,740)	(219,623)
Total expenses from transactions		**(1,768,291)**	**(1,738,277)**
Net result from transactions - net operating balance		**(48,528)**	**(141,954)**
Other economic flows included in net result			
Net gain/(loss) on non-financial assets		20	(132)
Net gain/(loss) on financial instruments		84	439
Other gain/(loss) from other economic flows		13,562	(4,496)
Total other economic flows included in net result		**13,666**	**(4,190)**
Net result for the year		**(34,862)**	**(146,144)**
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment revaluation surplus	4.1 (b)	-	-
Total other comprehensive income		**-**	**-**
Comprehensive result for the year		**(34,862)**	**(146,144)**

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

Balance sheet

as at 30 June 2026

	Note	2026 $'000	2025 $'000
Financial assets			
Cash and cash equivalents	6.2	188,049	188,366
Receivables	5.1	150,196	128,410
Total financial assets		**338,245**	**316,776**
Non-financial assets			
Prepayments and other assets		33,380	28,928
Inventories		10,124	8,987
Property, plant and equipment	4.1 (a)	1,619,178	1,648,204
Right-of-use assets	4.1 (b)	110,435	111,164
Intangible assets		384	609
Total non-financial assets		**1,773,501**	**1,797,893**
Total assets		**2,111,746**	**2,114,668**
Liabilities			
Payables	5.3	203,107	186,632
Borrowings		38,434	35,443
Provisions	3.1 (b)	371,941	359,466
Total liabilities		**613,482**	**581,541**
Net assets		**1,498,264**	**1,533,127**
Equity			
Property, plant and equipment revaluation surplus		1,775,739	1,775,739
General purpose reserve		241,945	154,367
Restricted specific purpose surplus		7,895	7,672
Contributed capital		534,385	534,385
Accumulated deficits		(1,061,700)	(939,036)
Total equity		**1,498,264**	**1,533,127**

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

Statement of changes in equity

for the financial year ended 30 June 2026

	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 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)**	**1,533,127**
Net result for the year	-	-	-	-	(34,862)	(34,862)
Transfer from/(to) accumulated deficits	-	87,578	223	-	(87,801)	-
Balance at 30 June 2026	**1,775,739**	**241,945**	**7,895**	**534,385**	**(1,061,700)**	**1,498,264**

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

Cash flow statement

for the financial year ended 30 June 2026

	Note	2026 $'000	2025 $'000
Cash flows from operating activities			
Receipts from government		1,418,481	1,359,445
Commercial activities, patient and hospital fees received		92,943	90,224
Donations and bequests received		6,209	5,226
Net GST received from ATO		-	511
Other receipts		127,091	122,451
Total receipts		**1,644,724**	**1,577,858**
Payments to employees		(1,186,571)	(1,114,482)
Payments for supplies and consumables		(296,076)	(270,937)
Finance costs		(1,725)	(1,839)
Net GST paid to ATO		(1,518)	-
Other payments		(76,076)	(115,842)
Total payments		**(1,561,966)**	**(1,503,100)**
Net cash flows from/(used in) operating activities	**8.1**	**82,758**	**74,758**
Cash flows from investing activities			
Purchase of non-financial assets		(78,534)	(22,851)
Net cash flows from/(used in) investing activities		**(78,534)**	**(22,851)**
Cash flows from financing activities			
Repayment of borrowings		(1,852)	(1,744)
Repayment of lease liabilities		(2,690)	(3,615)
Net cash flows from/(used in) financing activities		**(4,542)**	**(5,359)**
Net increase/(decrease) in cash and cash equivalents held		**(318)**	**46,548**
Cash and cash equivalents at beginning of year		188,366	141,818
Cash and cash equivalents at end of year	**6.2**	**188,049**	**188,366**

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

Notes to the Financial Statements

for the financial year ended 30 June 2026

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 2026. 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 10th September 2026.

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: Depreciation and amortisation
- Note 4.3: Impairment of assets
- 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:

- AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Financial Assets of Not-for-Profit Public Sector Entities*
- AASB 17 *Insurance Contracts*, AASB 2022-8 *Amendments and AASB 2022-9 Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector*
- AASB 2024-2 *Amendments to Australian Accounting Standards – Classification and Measurements of Financial Instruments*
- AASB 18 *Presentation and Disclosure of Financial Statements*

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 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 predominantly receives income (grants) for the provision of health 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	2026 $'000	2025 $'000
Revenue from contracts with customers	2.1 (a)	1,561,286	1,506,889
Government Grants	2.1 (b)	114,728	46,412
Other income	2.1 (c)	43,749	43,022
Total revenue and income from transactions		**1,719,762**	**1,596,322**

Note 2.1 (a): Revenue from contracts with customers

	2026 $'000	2025 $'000
Government grants (State) - operating	1,294,937	1,261,937
Government grants (Commonwealth) - operating	71,683	66,920
Patient and resident fees	35,881	32,012
Private practice fees	42,327	38,752
Commercial activities[1]	116,458	107,268
Total revenue from contracts with customers	**1,561,286**	**1,506,889**

Austin Health disaggregates revenue by the timing of revenue recognition.

	2026 $'000	2025 $'000
Goods and services transferred to customers:		
At a point in time	1,444,828	1,399,620
Over time	116,458	107,268
Total revenue from contracts with customers	**1,561,286**	**1,506,889**

[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): Government grants

	2026 $'000	2025 $'000
Operating activities		
Government grants (State) - operating	23,952	10,152
Government grants (State) - capital	89,959	35,443
Government grants (Commonwealth) - capital	817	817
Total Government Grants	**114,728**	**46,412**

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.

Note 2.1 (b): Government grants (continued)

Non-cash contributions from the Department of Health

The Department of Health makes some payments on behalf of Austin Health as follows:

Supplier	Description
Victorian Managed Insurance Authority	The Department of Health purchases non-medical indemnity insurance for Austin Health which is paid directly to the Victorian Managed Insurance Authority. To record this contribution, such payments are recognised as income with a matching expense in the net results from transactions.
Victorian Infrastructure Delivery Authority	The Department of Health made payments to the Victorian Infrastructure Delivery Authority to fund capital works projects during the year ended 30 June 2026, on behalf of Austin Health.
Department of Health	Long Service Leave (LSL) revenue is recognised upon finalisation of movements in LSL liability in line with the long service leave funding arrangements with the Department of Health.

Note 2.1 (c): Other income

	2026 $'000	2025 $'000
Operating activities		
Other capital purpose income	-	400
Other income from operating activities	43,618	42,622
Total other sources of income	**43,618**	**43,022**
Non-operating activities		
Capital interest	131	-
Total other sources of income	**131**	**-**
Total other sources of income	**43,749**	**43,022**

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 4.15%, 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 53.26% and 93.89%. • discounting at the rate of 4.73%, 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	2026 $'000	2025 $'000
Employee expenses	3.1 (a)	1,210,771	1,162,785
Supplies and consumables	3.1 (d)	224,150	204,372
Other operating expenses	3.1 (e)	203,740	219,623
Total expenses incurred in the delivery of services		**1,638,661**	**1,586,780**

Note 3.1 (a): Employee expenses

	2026 $'000	2025 $'000
Salaries and wages	903,198	883,277
On-costs	273,014	245,895
Agency expenses	11,366	10,344
Fee for service medical officer expenses	4,455	4,081
WorkCover premium	18,738	19,188
Total employee expenses	**1,210,771**	**1,162,785**

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

	2026 $'000	2025 $'000
Current employee benefits and related on-costs		
Accrued days off		
Unconditional and expected to be settled wholly within 12 months [i]	3,476	3,332
Annual leave		
Unconditional and expected to be settled wholly within 12 months [i]	93,056	88,785
Unconditional and expected to be settled wholly after 12 months [ii]	14,673	14,243
Long service leave		
Unconditional and expected to be settled wholly within 12 months [i]	22,627	19,904
Unconditional and expected to be settled wholly after 12 months [ii]	157,684	158,333
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months [i]	16,098	14,870
Unconditional and expected to be settled after 12 months [ii]	24,264	24,555
Total current employee benefits and related on-costs	**331,878**	**324,022**
Non-current employee benefits and related on-costs		
Conditional long service leave	35,113	31,012
Provisions related to employee benefit on-costs	4,950	4,432
Total non-current employee benefits and related on-costs	**40,063**	**35,444**
Total employee benefits and related on-costs	**371,941**	**359,466**

[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

	2026 $'000	2025 $'000
Carrying amount at start of year	**43,857**	**41,110**
Additional provisions recognised	18,462	16,278
Amounts incurred during the year	(15,434)	(14,053)
Net gain/(loss) arising from revaluation of long service leave liability	(1,573)	522
Carrying amount at end of year	**45,312**	**43,857**

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 theo 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	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Defined benefit plans [i]				
Aware Super	433	499	10	41
Commonwealth Superannuation Scheme	914	1,027	22	58
ESSSuper	37	40	1	2
Defined contribution plans				
Aware Super	44,957	42,572	1,062	1,271
Hesta	41,698	40,323	985	1,213
Other	25,821	21,102	610	667
Total	**113,860**	**105,563**	**2,690**	**3,251**

[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.

Note 3.1 (d): Supplies and consumables

	2026 $'000	2025 $'000
Drug supplies	85,287	79,285
Medical and surgical supplies (including prostheses)	88,893	69,767
Diagnostic and radiology supplies	26,116	22,385
Other supplies and consumables	23,855	32,934
Total supplies and consumables	**224,150**	**204,372**

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.

Note 3.1 (e): Other operating expenses

	2026 $'000	2025 $'000
Finance cost	1,702	1,817
Fuel, light, power and water	14,224	15,186
Repairs and maintenance	22,996	20,650
Maintenance contracts	29,213	31,611
Medical indemnity insurance	18,579	14,235
Other administrative expenses	117,026	136,123
Total other operating expenses	**203,740**	**219,623**

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.

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, 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.

Note 4.1: Property, plant and equipment

	Gross carrying amount		Accumulated Depreciation		Net carrying amount	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
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	1,408,559	1,408,554	(199,520)	(99,909)	1,209,039	1,308,645
Plant, equipment and vehicles at fair value	264,834	255,903	(241,259)	(223,809)	23,576	32,094
Works in progress at cost	220,396	141,298	-	-	220,396	141,298
Total property, plant and equipment	**2,059,956**	**1,971,921**	**(440,779)**	**(323,718)**	**1,619,178**	**1,648,204**

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 2024		**166,167**	1,408,513	**19,513**	**178,111**	**1,772,303**
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**	**1,648,204**
Additions		-	-	-	90,137	90,137
Disposals		-	-	(4)	-	(4)
Net Transfers between classes		-	5	11,034	(11,039)	-
Depreciation	4.2	-	(99,611)	(19,548)	-	(119,159)
Balance at 30 June 2026	4.1	**166,167**	**1,209,039**	**23,576**	**220,396**	**1,619,178**

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	
	2026 $'000	2025 $'000	2026 $'000	2025 $'000	2026 $'000	2025 $'000
Right-of-use freehold land[1]	134,203	134,203	(39,250)	(33,643)	94,953	100,560
Right-of-use buildings[1]	8,884	8,505	(5,307)	(4,038)	3,577	4,466
Right-of-use plant, equipment[1] and vehicles	15,905	8,517	(4,000)	(2,380)	11,905	6,138
Total right-of-use assets	**158,992**	**151,225**	**(48,557)**	**(40,061)**	**110,435**	**111,164**

[1] As a result of a change in FRD104 Leases effective for reporting periods from 30 June 2026, right-of-use assets are measured at cost for reporting period 2026. The comparative information for reporting period 2025 is not restated and is reported at the previously determined fair value. For further information, refer to Note 7.4.

	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 2024		**106,167**	**6,104**	**5,083**	**117,354**
Additions		-	350	3,425	3,775
Disposals		-	-	(597)	(597)
Depreciation	4.2	(5,607)	(1,988)	(1,773)	(9,368)
Balance at 30 June 2025		**100,560**	**4,466**	**6,138**	**111,164**
Additions		-	1,274	8,272	9,546
Disposals		-	-	(299)	(299)
Depreciation	4.2	(5,607)	(2,163)	(2,206)	(9,976)
Balance at 30 June 2026		**94,953**	**3,577**	**11,905**	**110,435**

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 cost less accumulated depreciation, impairment and any adjustments for remeasurement of the lease liability.

Note 4.2: Depreciation and amortisation

	2026 $'000	2025 $'000
Depreciation		
Buildings	99,611	99,909
Plant and equipment	1,680	1,816
Motor vehicles	77	20
Medical equipment[1]	14,674	28,530
Computers and communication equipment[1]	2,191	8,362
Furniture and fittings	104	156
Other equipment	823	2,001
Total depreciation - property, plant and equipment	**119,160**	**140,794**
Right-of-use assets		
Right-of-use land	5,607	5,607
Right-of-use buildings	2,163	1,988
Right-of-use plant, equipment and vehicles	2,206	1,773
Total depreciation - right-of-use assets	**9,976**	**9,368**
Amortisation		
Intangible assets	494	1,336
Total amortisation	**494**	**1,336**
Total depreciation and amortisation	**129,630**	**151,498**

[1] Prior year included the capitalisation of fully depreciated assets.

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.

	2026	2025
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

Impairment of property, plant and equipment

The recoverable amount of primarily non-cash generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capability, is expected to be materially the same as the fair value determined under AASB 13 *Fair Value Measurement*, with the consequence that AASB 13 does not apply to such assets that are regularly revalued.

Impairment of intangible assets

Intangible assets with finite useful lives are tested for impairment whenever an indication of impairment is identified.

Austin Health did not record any impairment losses for the year ended 30 June 2026 (30 June 2025: 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

Material judgements and estimates

This section contains the following material judgements and estimates:

Material judgements and estimates	Description
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	2026 $'000	2025 $'000
Current receivables			
Contractual			
Inter-hospital debtors		1,743	4,507
Trade debtors		15,064	12,184
Patient fees		7,499	11,340
Provision for impairment	7.2 (a)	(447)	(531)
Contractual assets	5.2	10,481	5,886
Total contractual receivables		**34,340**	**33,386**
Statutory			
GST receivable		6,569	4,860
Total statutory receivables		**6,569**	**4,860**
Total current receivables		**40,909**	**38,246**
Non-current receivables			
Contractual			
Long service leave - Department of Health		109,287	90,164
Total non-current contractual receivables		**109,287**	**90,164**
Total receivables		**150,196**	**128,410**

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

	Note	2026 $'000	2025 $'000
Total receivables and contract assets		150,196	128,410
GST receivable		(6,569)	(4,860)
Total financial assets classified as receivables	**7.1 (a)**	**143,627**	**123,550**

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

	2026 $'000	2025 $'000
Balance at beginning of the year	**531**	**970**
Increase/(decrease) in allowance	66	(96)
Amounts written off during the year	(150)	(343)
Balance at end of the year	**447**	**531**

Impairment losses of contractual receivables

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

Note 5.2: Contract assets

	Note	2026 $'000	2025 $'000
Current			
Contract assets		10,481	5,886
Total contract assets	**5.2 (a)**	**10,481**	**5,886**

Note 5.2 (a): Movements in contract assets

	2026 $'000	2025 $'000
Balance at the beginning of the year	**5,886**	**10,999**
Add: Additional costs incurred that are recoverable from the customer	81,798	72,495
Less: Transfer to revenue recognition	(77,203)	(77,608)
Total contract assets	**10,481**	**5,886**

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	2026 $'000	2025 $'000
Current payables			
Contractual			
Inter-hospital creditors		16	-
Trade creditors		17,908	8,072
Accrued salary and wages		82,852	74,928
Accrued expenses		60,615	66,100
Deferred capital grant revenue	5.3 (a)	11,450	21,468
Contract liabilities	5.4	15,341	5,130
Other		1,408	1,081
Total contractual payables		**189,590**	**176,779**
Statutory			
GST payable		927	735
Pay As You Go withholding		9,901	5,867
Superannuation payable		2,690	3,251
Total statutory payables		**13,518**	**9,853**
Total payables	**7.2 (b)**	**203,107**	**186,632**

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

	Note	2026 $'000	2025 $'000
Total payables		**203,107**	**186,632**
Deferred grant income		(11,450)	(21,468)
Contract liabilities		(15,341)	(5,130)
Other		(13,518)	(9,853)
Total financial liabilities classified as payables	**7.1 (a)**	**162,799**	**150,181**

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

	2026 $'000	2025 $'000
Opening balance of deferred capital grant income	**21,468**	**14,003**
Grant consideration for capital works received during the year	90,776	36,259
Deferred capital grant income recognised as income due to completion of capital works	(100,794)	(28,794)
Closing balance of deferred capital grant income	**11,450**	**21,468**

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 2028.

Note 5.4: Contract liabilities

	2026 $'000	2025 $'000
Opening balance of contract liabilities	**5,130**	**1,789**
Add: payments received for performance obligations yet to be completed during the period	15,341	3,545
Add: grant consideration for sufficiently specific performance obligations received during the year	1,312,237	1,276,921
Less: revenue recognised in the reporting period for the completion of a performance obligation	(2,632)	(204)
Less: grant revenue for sufficiently specific performance obligations work recognised consistent with the performance obligations met during the year	(1,314,735)	(1,276,921)
Total contract liabilities	**15,341**	**5,130**

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.
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%.
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

	2026 $'000	2025 $'000
Current borrowings		
TCV loan [(i)]	1,966	1,852
Lease liability [(ii)]	5,362	3,880
Total current borrowings	**7,328**	**5,732**
Non-current borrowings		
TCV loan [(i)]	19,877	21,843
Lease liability [(ii)]	10,434	7,153
Total non-current borrowings	**30,311**	**28,996**
Total borrowings	**37,639**	**34,728**

(i) These are secured loans with a weighted average interest rate of 6.70% (2024-25 6.70%) and 4.75% (2024-25 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.

Interest expense

	2026 $'000	2025 $'000
Interest on lease liabilities	595	405
Interest on loans from TCV	1,107	1,412
Total interest expense	**1,702**	**1,817**

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:

	2026 $'000	2025 $'000
Current lease liabilities		
Lease liability	5,362	3,881
Total current lease liabilities	**5,362**	**3,881**
Non-current lease liabilities		
Lease liability	10,434	7,153
Total non-current lease liabilities	**10,434**	**7,153**
Total lease liabilities	**15,796**	**11,034**

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

	2026 $'000	2025 $'000
Not later than one year	6,190	4,254
Later than 1 year and not later than 5 years	7,339	5,676
Later than 5 years	3,854	2,008
Minimum future lease liability	**17,383**	**11,938**
Less unexpired finance expenses	(1,587)	(904)
Present value of lease liability	**15,796**	**11,034**

How 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.

Note 6.1 (a): Lease liabilities (continued)

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).

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.

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	2026 $'000	2025 $'000
Cash on hand		34	34
Cash at bank		171	454
Cash at bank - CBS[1]		38,237	30,774
Deposits at call		286	121
Total cash held for operations		**38,728**	**31,383**
Cash at bank - CBS[1] donations for specified purposes		17,039	15,934
Cash at bank - CBS[1] committed and tied capital		122,375	131,967
Cash at bank - CBS[1] restricted reserves		7,927	7,433
Cash at bank - salary packaging employee benefits		1,185	934
Total committed and tied cash reserves		**148,526**	**156,268**
Cash at bank - CBS[1] monies held in trust		795	715
Total cash held as monies in trust		**795**	**715**
Total cash and cash equivalents	**7.1 (a)**	**188,049**	**188,366**

1 Transactional funds held as part of the State's Centralised Banking System.

Note 6.3: Commitments for expenditure

	Less than 1 year $'000	1–5 years $'000	Over 5 years $'000	Total $'000
30 June 2026				
Capital expenditure commitments	50,913	19,919	11,961	82,793
Operating expenditure commitments	17,301	4 7,180	13,291	77,772
Total non-cancellable and low-value lease commitments	2,070	1,694	-	3,764
Total commitments for expenditure (inclusive of GST)	**70,284**	**68,793**	**25,252**	**164,329**
Less GST recoverable from the Australian Tax Office	(6,389)	(6,254)	(2,295)	(14,939)
Total commitments for expenditure (exclusive of GST)	**63,895**	**62,539**	**22,957**	**149,390**
30 June 2025				
Capital expenditure commitments	77,191	35,824	-	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)	**99,033**	**85,101**	**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)	**90,030**	**77,364**	**16,375**	**183,769**

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. 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. 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 2026				
Financial assets				
Cash and cash equivalents	6.2	188,049	-	188,049
Receivables	5.1	143,627	-	143,627
Total financial assets [i]		**331,676**	**-**	**331,676**
Financial liabilities				
Payables	5.3	-	162,799	162,799
Other liabilities		-	795	795
Borrowings	6.1	-	37,639	37,639
Total financial liabilities [i]		**-**	**201,233**	**201,233**
30 June 2025				
Financial assets				
Cash and cash equivalents	6.2	188,366	-	188,366
Receivables	5.1	123,550	-	123,550
Total financial assets [i]		**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 liabilities [i]		**-**	**185,624**	**185,624**

[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 exposure to financial risks including credit risk and liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Austin Health manages these financial risks in accordance with its Risk Management Policy and Treasury and Investment Management Policy.

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

Note 7.2 (a): Credit Risk

Austin Health has assessed there is no material 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 2025-26.

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 2026								
Diagnostic								
Expected loss rate	1.2%	3.7%	3.7%	6.9%	4.3%	7.3%	6.6%	
Gross carrying amount of contractual receivables	3,956	1,357	955	588	464	444	911	
Loss allowance	49	51	36	40	20	32	60	288
Inpatients								
Expected loss rate	0.0%	0.4%	0.2%	0.3%	0.0%	0.0%	0.0%	
Gross carrying amount of contractual receivables	1,771	184	250	183	50	55	171	
Loss allowance	-	1	1	1	-	-	-	3
Sundry								
Expected loss rate	0.08%	0.2%	1.4%	2.5%	2.6%	2.8%	9.4%	
Gross carrying amount of contractual receivables	4,723	2,230	1,487	765	542	243	961	
Loss allowance	4	4	20	17	14	7	90	156
Total loss allowance	**53**	**56**	**57**	**58**	**34**	**39**	**151**	**447**
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	0.0%	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**

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

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.

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:

- 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.

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 2026							
Financial liabilities at amortised cost							
Payables	5.3	203,107	191,849	-	11,258	-	-
Borrowings	6.1	37,639	787	1,880	4,876	19,384	10,712
Other financial liabilities [i]							
- Monies held in trust		795	765	30	-	-	-
Total financial liabilities		**241,541**	**193,401**	**1,910**	**16,134**	**19,384**	**10,712**
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**

[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, with the exception of right-of-use assets arising under AASB 16, which are measured using the costs model

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 been 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

	Total $'000	Fair value measurement at end of reporting period using: Level 1 [i] $'000	Level 2 [i] $'000	Level 3 [i] $'000
Balance at 30 June 2026				
Specialised land	166,167	-	-	166,167
Total land at fair value	**166,167**	**-**	**-**	**166,167**
Specialised buildings	1,209,039	-	-	1,209,039
Total buildings at fair value	**1,209,039**	**-**	**-**	**1,209,039**
Plant, equipment and vehicles at fair value	23,576	-	-	23,576
Total plant, equipment and vehicles	**23,576**	**-**	**-**	**23,576**
Total non-financial physical assets at fair value	**1,398,781**	**-**	**-**	**1,398,781**
Balance at 30 June 2025				
Specialised land	166,167	-	-	166,167
Total land at fair value	**166,167**	**-**	**-**	**166,167**
Specialised buildings	1,308,644	-	-	1,308,644
Total buildings at fair value	**1,308,644**	**-**	**-**	**1,308,644**
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	**1,506,905**	**-**	**-**	**1,506,905**

[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 2026 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 2026.

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.

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.

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 2024		**166,167**	**1,408,513**	**19,513**	**1,594,192**
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)	(40,884)	(140,792)
Balance at 30 June 2025		**166,167**	**1,308,645**	**32,095**	**1,506,907**
Disposals		-	-	(4)	(4)
Net Transfers between classes		-	5	11,034	11,040
Gains/(losses) recognised in net result					
- Depreciation and amortisation	4.2	-	(99,611)	(19,548)	(119,159)
Balance at 30 June 2026		**166,167**	**1,209,039**	**23,577**	**1,398,783**

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 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	2026 $'000	2025 $'000
Net result for the year		**(34,862)**	**(146,144)**
Non-cash movements:			
Depreciation and amortisation	4.2	129,630	151,498
Allowance for impairment losses on contractual receivables		(84)	(439)
Net (gain)/loss on revaluation of long service leave		(13,562)	4,497
(Gain)/loss on non-financial assets		(20)	132
Movements in Assets and Liabilities:			
(Increase)/decrease in receivables	5.1	(21,787)	(9,256)
(Increase)/decrease in prepayments		(4,452)	(5,674)
(Increase)/decrease in inventories		(1,136)	(70)
Increase/(decrease) in payables	5.3	16,476	63,131
Increase/(decrease) in employee benefits	3.1 (b)	12,475	16,683
Increase/(decrease) in other liabilities		80	400
Net cash flows from/(used in) operating activities		**82,758**	**74,758**

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 2025–15 Apr 2026
Minister for Ambulance Services	01 Jul 2025–15 Apr 2026
The Honourable Harriet Shing MP:	
Minister for Health	15 Apr 2026–30 Jun 2026
Minister for Ambulance Services	15 Apr 2026–30 Jun 2026
The Honourable Melissa Horne MP:	
Minister for Health Infrastructure	01 Jul 2025–30 Jun 2026
Minister for Prevention of Family Violence	15 Apr 2026–30 Jun 2026
The Honourable Ingrid Stitt MP:	
Minister for Mental Health	01 Jul 2025–30 Jun 2026
Minister for Ageing	01 Jul 2025–30 Jun 2026
The Honourable Lizzie Blandthorn MP:	
Minister for Children	01 Jul 2025–30 Jun 2026
Minister for Disability	01 Jul 2025–30 Jun 2026
The Austin Health Board	
Mr Ross Cooke OAM (Chair)	01 Jul 2025–30 Jun 2026
Mr Tim Barta	01 Jul 2025–30 Jun 2026
Mr Joel Chibert	01 Jul 2025–30 Jun 2026
Dr Bruce Cohen	01 Jul 2025–30 Jun 2026
Dr Lee Hamley	01 Jul 2025–30 Jun 2026
Ms Denise Heinjus OAM	01 Jul 2025–30 Jun 2026
Ms Robyn McLeod AM	01 Jul 2025–30 Jun 2026
Ms Fiona Slaven	01 Jul 2025–30 Jun 2026
Mr Brett West	01 Jul 2025–30 Jun 2026
Accountable Officers	
Ms Jodie Geissler PSM (Chief Executive Officer)	01 Jul 2025–30 Jun 2026

Remuneration of responsible persons

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

Income band	2026	2025
$0 - $9,999	1	1
$30,000 - $39,999	3	2
$40,000 - $49,999	4	5
$50,000 - $59,999	-	1
$80,000 - $89,999	-	1
$90,000 - $99,999	1	-
$110,000 - $199,999	-	1
$290,000 - $299,999	-	1
$500,000 - $509,999	1	-
Total Numbers	**10**	**12**

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**912**	**860**

	2026 $'000	2025 $'000

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	
	2026 $'000	**2025 $'000**
Short-term benefits	3,198	2,884
Post-employment benefits	244	302
Other long-term benefits	99	65
Total remuneration [i]	**3,540**	**3,251**
Total number of executives	12	12
Total annualised employee equivalent [ii]	9	9

[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 health services and public sector entities that are controlled and consolidated into the State of Victoria financial statements.

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of 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

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

Mr Brett West
Board Member

Executive

Ms Jodie Geissler PSM
Chief Executive Officer

Mr Cameron Goodyear
Chief Operating Officer

Ms Robynne Cooke
Deputy Chief Operating Officer

Mr Frank Vosnidis
Chief Financial Officer (Dec to Jun)

Ms Lisa Poon
Chief Financial Officer - Interim (Jul to Dec)

Prof Mary O'Reilly
Chief Medical Officer (Jul to Nov)

Ms Heidi Gregory
Chief Medical Officer (Dec to Jun)

Ms Elise Tuffy
Chief People and Culture Officer

Mr Ray Van Kuyk
Chief Information & Services Officer

Ms Kristie Mackenzie
Chief Nursing Officer

Ms Caitlyn Green
Chief Allied Health Officer

Ms Maria Perera
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

	2026 $'000	2025 $'000
Short-term Employee Benefits [i]	4,024	3,661
Post-employment Benefits	314	372
Other Long-term Benefits	114	78
Total [ii]	**4,452**	**4,111**

[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 $1.3b (2025: $1.2b), indirect contributions of $23.3m (2025: $10.1m) and has a net long service leave receivable balance of $109.2m (2025: $90.1m).

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 2026 (2025: none).

There were no related party transactions required to be disclosed for Austin Health Board of Directors, Chief Executive Officer and Executive Directors in 2026 (2025: 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

	2026 $'000	2025 $'000
Victorian Auditor-General's Office		
Audit of the Financial Statements	191	148
Total remuneration of auditors	**191**	**148**

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 Health

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145 Studley Road
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Olivia Newton-John Cancer & Wellness Centre
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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
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F: 03 9496 2541

Royal Talbot Rehabilitation Centre
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1 Yarra Boulevard
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